CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

1 June 1996

Society consults on compliance issue

Boots in shopping mall neighbourhood victory

Business survey shows decline in margins

Update: helping you respond to symptoms

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TRILUDAN/TRILUDAN FORTE [OTC] PRODUCT INFORMATION
Presentations: *Triludan Tablets:* Each tablet contains 60mg terfenadine. *Triludan Forte Tablets:* Each tablet contains 120mg terfenadine **Uses:** Antihistamine indicated for symptomatic relief of hay fever, allergic rhinitis and allergic skin conditions. **Dosage and Administration:** *Adults and Children over 12 years.* As a single dose or two divided doses *Allergic skin conditions:* 120mg daily *Hay fever, allergic rhinitis:* Starting dose 60mg daily, increase to 120mg daily if required *Children: Allergic skin conditions, hay fever, allergic rhinitis:* 6-12 years: 30mg twice daily Do not exceed the maximum recommended dose. **Contra-indications, warnings etc.:** *Contra-indications:* Concomitant use with oral ketoconazole or itraconazole or erythromycin Use in patients with significant hepatic dysfunction. Known hypersensitivity to the drug *Warnings:* QT prolongation and/or ventricular arrhythmias, including torsades de pointes have been reported at doses higher than those recommended and at normal doses in patients whose terfenadine metabolism is impaired by drugs or by liver disease (see 'Contra-indications'). If syncope occurs, terfenadine should be discontinued and the patient evaluated for potential arrhythmias. *Precautions:* Terfenadine is not recommended in patients in whom electrolyte imbalance or prolonged QT interval are known or suspected. Concomitant use of terfenadine is not recommended in patients receiving potentially arrhythmogenic drugs and those producing electrolyte imbalance, ostemizole Although evidence is lacking, the risk of arrhythmia might be increased (see 'Warnings'). *Pregnancy and lactation:* See full data sheet. *Side-effects:* The following side-effects have been reported: abdominal pain and dyspepsia, alopecia, anaphylaxis, angioedema, arrhythmias, bronchospasm, confusion, convulsions, depression, dizziness, headache, insomnia, jaundice, liver dysfunction, menstrual disorders, musculoskeletal pain, nightmares, palpitations, paraesthesia, photosensitivity reactions, rash, sweating, syncope (see 'Warnings'), tremor, visual disturbances. In objective tests Triludan has been shown to be free from central nervous system side-effects Reports of drowsiness are extremely rare but it is advisable to check the individual response before driving or performing complicated tasks. *Drug Interactions:* Use with oral ketoconazole or itraconazole is contra-indicated Use with erythromycin is contra-indicated Concurrent use with other imidazole oral antifungals or other macrolide antibiotics is not recommended. Concurrent use of drugs with arrhythmogenic potential or those causing electrolyte imbalance is not recommended (see full data sheet) **Pharmaceutical Precautions:** None. **Legal Category:** P **Product Licence Numbers:** *Triludan Tablets:* 4425/0024 *Triludan Forte Tablets:* 4425/0091 **Product Licence Holder:** Marion Merrell Ltd , Broadwater Park, Denham, Uxbridge UB9 5HP **RSP (including VAT):** *Triludan Tablets:* pack of 10 £2.99. *Triludan Forte Tablets:* pack of 7 £3.95. **Date of preparation:** February 1996 **Further information including Product Data Sheet is available from:** Marion Merrell Ltd., Hoechst Marion Roussel, Broadwater Park, Denham, Uxbridge, Middlesex UB9 5HP Marion, Merrell and Triludan are registered trademarks. Hoechst Marion Roussel is a member of the Hoechst Group

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This past week has certainly been one of mixed fortunes for pharmacy in the High Court. On the plus side, the Dunnington ruling found in favour of rural pharmacists' right to open in villages where doctors are the dispensers (page 753). Justice Carnwath's argument that the financial benefits of dispensing should not subsidise medical services is one that pharmacy organisations have been championing since time immemorial, yet the health minister, Gerald Malone, says he will defend GPs' right to dispense, according to the *Dispensing Doctors' Association's Journal* (p752).

The other positive note to emerge from Justice Carnwath's decision was to decree that, while the pharmacist was benefiting from the so-called Clothier 'loophole', where the opening of a branch pharmacy did not have to be considered in terms of prejudice to medical services, he was merely stating the law as it stands. In short, no 'loophole' exists. However, it seems unlikely that this is the end of the saga. PSNC says further judicial reviews on the matter are on their way.

For other pharmacists, the second High Court ruling, in favour of Boots, may be just the spur they need. The news that a large shopping centre can be classed as a neighbourhood, despite the dearth of residential areas nearby, is another threat to High Street pharmacy (p753). Until now, independent pharmacy has not been as badly affected as other High Street shops by out of town superstores, but the picture could change dramatically as a result of this ruling. It's too early to predict what may happen, but in an era of financial difficulty, with independents facing threats from large multiples and encroachment of their professional territory by other health professionals, Boots' success will do little to gladden the hearts of those in the profession.

CHEMIST & DRUGGIST

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Chemist & Druggist incorporating Retail Chemist & Pharmacy Update

Published Saturdays by Miller Freeman Professional Ltd Sovereign Way, Tonbridge, Kent TN9 1RW Telephone: 01732 364422 Telex: 95132 MILFRE G Fax: 01732 361534 E-Mail: chemdrug@dotpharmacy.com Internet site: http://www.dotpharmacy.com/

Subscriptions: Home: £115 per annum Overseas & Eire £165 per annum including postage £2.40 per copy (postage extra)

Circulation and subscription: Royal Sovereign House, Beresford Street, London SE18 6BQ. Tel: 0181 855 7777

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.

The editorial photos used are courtesy of the suppliers whose products they feature.

Miller Freeman
A United News & Media publication

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BUSINESS PRESS

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 245 No 6037 136th YEAR OF PUBLICATION ISSN 0009-3033

REGULARS

Consultation document tackles compliance issue

Why patients fail to take their medication comes under the microscope in a Royal Pharmaceutical Society consultation document issued this week.

Medicine non-compliance results in avoidable illness and waste of NHS resources, says the Society, which is calling for the views of those who take, make, prescribe, dispense and manage medicines on how the issue can be addressed.

The magnitude and complexity of the problem is discussed in the document 'Partnership in medicine taking: taking medicines to best effect', with failure to communicate, particular beliefs and cultures cited as potential reasons for non-compliance.

The importance of partnership between patient and professional is crucial, says the document, which defines non-adherence as "the failure to establish a therapeutic partnership between patients and health professionals".

Society president Ann Lewis stresses the partnership theme: "We urgently need to find a way forward, built on partnerships that respect patients' views and choices, while helping ensure that patients get the best out of their medicine."

Professor Marshall Marinker, chairman of the multi-professional working party that produced the document, says a higher priority will be put on patients' views.

A formal review of the report by patients and their representative groups will get under way in the summer, with the results incorporated into the final report, says Professor Marinker.

All comments on the document, which is a joint project between the RPSGB and Merck, Sharpe & Dohme, should be submitted to the Society by September 2 at the latest.

NPA show fever hits St Albans

The National Pharmaceutical Association is having "show fever to the nth degree".

Over 1,500 people have pre-registered for the NPA's 75th anniversary show, to be held on June 2, and more members may be tempted to go if the weather is good, says NPA spokeswoman Judy Vatistas.

Besides visiting over 50 exhibitors at the Alban Arena, guests will be able to tour the NPA's offices at Mallinson House and its new physic garden. Board members will be holding surgeries and there is an NPA 'Question Time' session at 2.30pm, with director Tim Astill, Valda Elson and deputy director John D'Arcy.

Among the special offers available on the day, the NPA is offering 5 per cent discount on items bought at the NPA business services shop. Members may also have personalised stationery printed as they tour Mallinson House.

- Family Doctor Publications will be giving a free pack of one of its latest titles, *A survivor's guide to healthy living*, to every pharmacist who orders four other titles of their choice.

Malone defends doctor dispensing

The health minister, Gerald Malone, has defended doctors' right to dispense.

In an article in the *Dispensing Doctors' Association Journal*, which details a meeting between Mr Malone and the chairman of the DDA, Dr David Roberts, over the so-called Clothier 'loophole', the health minister is said to have "promised to defend the right of doctors to dispense".

Mr Malone also conceded that it was a "fair argument" that all doctors should be granted dispensing rights and that all patients should have access to a doctor dispensing service.

While Dr Roberts reports that the loophole situation has not been clarified, even though he pointed out to Mr Malone that there were no wider issues which would improve general medical services if the loophole was not closed, he says he does feel more positive about the future of doctor dispensing.

Homoeopathic helpline goes live

A pharmacist-run homoeopathic helpline goes live from this week (*C&D* April 20, p516).

The first of its kind in the UK, the telephone helpline will be run by London pharmacist and qualified homoeopath David Needleman and will offer homoeopathic advice and referral to homoeopaths, as well as acting as an out of hours and locum service for practitioners.

The service, manned by Mr Needleman, will operate from 9.00am-12.00am, seven days a week, at a cost of £1.50 per minute. The helpline number is 0897 343404.

Pharmacist, manageress and GP bailed in fraud case

A pharmacist, a general practitioner and his surgery manageress, arrested following a police investigation into an alleged fraud on the NHS, were all remanded on bail until next month at Snaresbrook Crown Court last week.

They are: pharmacist, Arshad Zahoor Malik, 37, of Ilford, Essex; Dr Gerald O'Moore, 69, of Chigwell, Essex; and Jean Cummings, 52, Dr O'Moore's practice manager, of East Ham.

Mr Malik is charged with 11 offences of false accounting, relating to NHS forms between December 9, 1992, and July 26, 1994.

Mr Malik, Dr O'Moore and Mrs Cummings are all charged that between April 1, 1992, and July 26, 1994, they conspired to defraud the NHS by completing and submitting prescription form FP10s to the Prescription Pricing Authority which were not genuine records of actual dispensings as they purported to be.

As a condition of his bail Mr Malik has been ordered to reside at home. Dr O'Moore and Mrs Cummings were released by the Crown Court on unconditional bail.

High Court rules shopping mall is a neighbourhood

Shopping centres can still be 'neighbourhoods', entitled to be served by their own pharmacies, London's High Court ruled last week.

Justice Tucker's decision in a test case brought by Boots the Chemists will ease the way for pharmacies to open in out of town shopping malls, and will be viewed with dismay by High Street pharmacies.

Boots took the Avon Family Health Services Authority to court over its refusal to allow it to establish an outlet in the Cribbs Causeway Regional Shopping Centre, which is opening five miles outside Bristol next year.

The FHSA's appeal committee decided in May that, as the shopping centre would have no residential element, there was no 'neighbourhood'.

Striking down that decision, Justice Tucker said: "I have reached a clear finding that shopping centres can indeed constitute neighbourhoods."

The judge ordered the appeal committee to reconsider Boots' application, but the company must still prove its planned store is 'necessary and desirable'.

Shoppers are expected to visit the centre from a radius of up to 50 miles, and High Street pharmacies fear that their trade may be seriously affected if Boots is allowed to open its store.

But the judge said that the appeal committee's finding that shoppers travelling to Cribbs Causeway could just as conveniently obtain their needs from pharmacies in their own residential areas at the same times of day was "irrational".

Justice Tucker, overturning the appeal committee's decision, ordered the FHSA to pay the action's legal costs and refused it leave to appeal.

Baby milk reassurance

Manufacturers gave their reassurance this week that infant formulae are safe, despite press reports claiming they contain chemicals which impair fertility in animals.

The reports said that phthalates, used to soften plastics, had been found in leading brands of baby milk. The Infant and Dietetic Foods Association confirms that phthalates have been found in all the milks tested, but at levels within the official tolerable daily intakes.

The Department of Health says the amounts were unlikely to harm humans, while the Health Visitors' Association and the National Childbirth Trust are advising mothers not to change brands as this is not good infant feeding practice. IDFA spokesperson Helena Charlton says phthalates "are likely to be present in breast milk, too, so mothers should not be made to feel guilty for bottlefeeding".

A spokesperson for Mihupa says that if mothers are still worried after speaking to pharmacists or other health professionals, they could telephone the company for further reassurance.

The Royal Pharmaceutical Society's public relations department had several calls from anxious pharmacists this week. The callers were advised to reassure mothers there was no reason to stop using products, as official thinking was that they were safe. But, because so many pharmacists feel they "didn't have the whole picture", their concerns will be put before next week's Council meeting.

As *C&D* went to press, producers of baby milk and Government officials were meeting for an open discussion co-ordinated by the IDFA.

PSNC applauds Dunnington ruling

A High Court ruling in favour of a rural pharmacy has been warmly welcomed by the Pharmaceutical Services Negotiating Committee (*C&D* May 25, p714).

Justice Carnwath's decision to approve the opening of a new pharmacy in the North Yorkshire village of Dunnington, despite opposition from eight dispensing doctors, is a boost for patients who will enjoy a full pharmaceutical service in Dunnington, says the PSNC's assistant secretary, Mike King. He adds that PSNC agrees wholeheartedly with the judge's comment that it is not part of the regulations that pharmaceutical services should be relied upon to financially underpin medical services.

The new pharmacy is owned by a pharmacist already on the pharmaceutical list and, as such, benefits from the so-called Clothier 'loophole', where prejudice to medical services does not need to be considered.

Mr King believes the ruling will allow other pharmacists to apply for contracts. "The judge said that it was not up to him to amend it, but he was merely stating the law. This will hopefully provide an opportunity for other pharmacists," he adds.

Tim Astill, director of the National Pharmaceutical Association, says the principle on which the NHS was founded was that doctors diagnose and prescribe and pharmacists dispense. "Patients are best served when the two professions do the jobs for which they are trained and qualified. The High Court agrees."

Healthy travel begins in Haringey

Pharmacists in Haringey, Enfield and Barnet are distributing free travel health packs aimed at 18-35-year-old holidaymakers.

The 'From Bognor to Barbados' pack includes postcards with health messages, a trial-size pack of sunscreen and condoms to promote safer sex. The pharmacies will also distribute sun safety leaflets.

The packs have been produced by Enfield and Haringey Health Authority and Barnet Health Promotion Centre to mark Sun Awareness Week, which takes place from June 2-9. There are 6,000 packs available at a total cost of £3,000. Pharmacists are not being paid for distribution.

Do you dare take the NPA challenge?

Have you got what it takes to compete in the 1996 NPA Challenge Cup golf tournament? If you think you have, then head for Aldenham Golf and Country Club, just off the M25/M1, on June 11 for the pharmacy golf championship of the year.

Organised in conjunction with *C&D* and our sister title, *Pharmacy Today*, the contest is open to all, but space is limited and competitors need to register now. To enter, complete the form on p779.

Pharmacies are particularly vulnerable

Three-quarters of pharmacists have been attacked at work and two-thirds have been attacked more than once in the past 12 months, a survey has shown.

Most were severe verbal attacks, with half the pharmacists on the receiving end of abusive language and shouting. Fifteen per cent had experienced a physical assault, which ranged from being pushed around to being severely beaten.

Half the attacks were spontaneous, while one in six pharmacists thought they were premeditated. A further 13 per cent thought their attack arose from a difficult situation which could have been handled better.

Diana Lamplugh, director of the Suzy Lamplugh Trust, says pharmacies are particularly vulnerable, not just as a source of drugs but because sick people come there looking for help. When these people find the pharmacist cannot solve their problems, they tend to vent their frustrations on the staff.

The survey was carried out among 1,000 pharmacists by Whitehall Laboratories, which has set up an Anadin Safety Campaign in conjunction with the Suzy Lamplugh Trust to help promote the importance of personal safety for pharmacists.

Mrs Lamplugh recommends pharmacists install protective screening for staff most at risk, together with closed circuit television and emergency alarms. They should also take special care when they or their staff deliver medicines. A leaflet on 'Personal safety guidance for pharmacists' is available from the Anadin Safety Campaign, 227 Chiswick High Road, London W4 2DW.

Judgment postponed for a year in supervision case

A pharmacist who left his premises in the care of unqualified staff was prosecuted under the Medicines Act after Royal Pharmaceutical Society inspectors were sold pharmacy drugs, a disciplinary hearing was told last week.

Robert Browning of Brereton Heath, Cheshire, owned three pharmacies at the time. The Royal Pharmaceutical Society received an allegation that his pharmacy in Newcastle-under-Lyme, Staffordshire, was regularly left under the control of an unqualified dispensing technician. Mr Browning had already received a written warning about the supervision of sales of pharmacy medicines in 1986.

Stewart Leech, for the Society, told its Statutory Committee that two different visiting inspectors made six pharmacy medicine purchases (Nurofen, Solpadeine, Veganin and Day Nurse) between January 9 and January 18, 1995.

"On each of these occasions a pharmacist was not in the dispensary or professional area," said Mr Leech. On one occasion, Mr Browning had not yet arrived and on the other three he was upstairs, unaware the sales were taking place.

After the fourth visit on January 18, a Society inspector demanded to see Mr Browning, who was upstairs in his office. Mr Browning told the inspectors that as long as he was actually on the premises he didn't consider himself to be absent.

He appeared before Newcastle-under-Lyme Magistrates Court on August 22, 1995, and pleaded guilty to six counts of unlawfully, by consent, connivance or neglect, permitting the commission of an offence by the company B J Browning, in that medicinal products not on the general sale list were sold by someone who was not a pharmacist. He was fined £200 on each of the six counts and ordered to pay £500 costs. The company admitted six similar counts and received the same penalty.

Mr Browning admitted the facts of the case, although he denied misconduct in relation to them. He said he had misunderstood the Society's regulations on supervision.

Chairman of the Committee Gary Flather QC said that of the many 'supervision' cases to come before the Committee, this was "one of the worst", because Mr Browning had not been present when four visits were made.

Judgment was postponed for one year.

Boots hearing held in private

A health authority hearing, concerning Boots the Chemists faxing prescriptions from non-contract to contract pharmacies for dispensing, has been held in private, rather than in public (*C&D* April 27, p552).

The hearing was to ratify a decision by Merton, Sutton & Wandsworth Health Authority made on April 12. Reports in the pharmaceutical press indicate that the company was found guilty of two breaches of the Terms of Service, although the HA would not comment until after the intended public meeting on May 23.

However, the hearing was "confidentially dealt with", says an HA spokesperson, who refused to confirm if Boots had been found guilty. However, the spokesperson adds that the matter is likely to go on for several more months, as a result of the appeal process, possibly indicating that the company has been found guilty.

Boots the Chemists issued a statement on May 29 as *C&D* was going to press, commenting that it had not been notified of the outcome of the service committee hearing, but was expecting it imminently.

PSNC called into PPA pricing

The Pharmaceutical Services Negotiating Committee is being urged to press for further information on contractors' FP34 printouts.

Council member Hassan Argomandkhah believes the Prescription Pricing Authority should give a full list of expensive items costing over £100, along with the amount paid to contractors. "This should give us more control over how much the PPA chooses to pay for our scripts," he writes in a letter to PSNC secretary Stephen Axon.

Last July, Mr Argomandkhah was underpaid £1,500 by the PPA, the majority of which was due to single error in paying for only one pack of Pancrease capsules, rather than 100 packs. Although the shortfall was picked up by the National Prescription Research Centre this April, Mr Argomandkhah has yet to receive payment.

As well as lobbying PSNC to take up the issue, he is also asking contractors for support. Letters should be faxed or sent to: H A Chemist, 119 Bellevale Road, Liverpool L25 2PE, fax 0151 487 7618.

Pharmacist wins case

A pharmacist sacked for failing to follow company procedure when complaining about an in-store promotion has won his case for unfair dismissal. An industrial tribunal found in David Mills' favour, saying that he had not breached Hills Pharmacies' complaints procedure because his action was over a professional matter. However, the tribunal suggested Mr Mills was, in part, responsible for his own dismissal last year.

Mr Mills, who was manager of Hills Pharmacy in Vine Place, Sunderland, complained to the superintendent pharmacist, but copied his letter to other people outside the Hills group, part of AAH Retail.

Alan Sanders, retail director of AAH Retail, says: "This was an unfortunate incident that is now closed. I am happy to leave Mr Mills happy with the decision."

A final settlement is expected on June 24.

Whoops!

The number for the telephone marking service given on April's multiple choice question paper (inserted with the May 11 issue) should have read 0990 274424, rather than 0900.

... and again

For *Over the Counter* readers keen to enter the Sun & Bite competition mentioned on page 3 of last week's issue, the entry form is printed on page 19, not page 31.

IPMI questions

The UK community pharmacy survey on merchandising sent to members of the Institute of Pharmacy Management International should be returned by June 17. The findings of the survey will be discussed at the IPMI annual conference to be held in Grantham, Lincolnshire, from October 18-20. Contact Green Pharmacy Consultants on 01342 715312.

Patient packs

Dermatologicals is the latest therapeutic category to move into patient packs. The third phase of the patient pack initiative gets under way on June 1.

Fastrack Interact

The National Pharmaceutical Association is to introduce a 'fastrack' version of its counter assistants training programme, Pharmacy Interact, which is completed in half the time of the normal 18-month course. The option of completing two modules a month is seen as being suitable for dispensary staff, experienced assistants who wish to brush up on their product knowledge, having completed the MCQ paper, or those with relevant health or academic experience who may favour the shorter route. 'Fastrack' will be available from June. Contact the NPA's training department on 01727 858687 ext 247/248.

NI stats

Pharmacists and appliance contractors in Northern Ireland dispensed 1,706,563 prescriptions in February, at a gross cost of £16,803,483.22 and a net ingredient cost per prescription of £8.2806.

Teen health

The new Adolescent Health Network is to be co-ordinated by the Health Education Authority, with £600,000 funding from the Department of Health over three years.

N IRELAND NOTEBOOK

Unusual opportunities

I have been impressed by the number of approaches received from the Pharmacy Practice Research Group at Queen's University in Belfast to participate in research projects. The first I volunteered for concerned pharmacy referral forms to GPs. I began with a flurry of enthusiasm, but motivation foundered and I wasn't able to submit data, yet I still use the referral form and find it extremely useful.

The University's plan appears to be to use Northern Ireland pharmacies as research centres for its practice projects – a simple, yet ingenious, idea.

Other studies that are now operational or planned include monitoring of asthma patients, smoking cessation and care of the elderly. I am involving my pharmacy in each for three reasons: participation is highly educational; it provides me with an opportunity to sample the extended role with the full support

The University ... cannot be accused of sitting in an academic ivory tower

of a professional team; and I am being offered a payment for my time. More importantly, participation will help improve my business by giving me a better perspective of what I am about.

It is easy to get patients into the asthma project – they are on the computer – but in the smoking cessation project I have found enrolling smokers difficult.

The training and the support material provided was excellent, and, after the training session in March, I awaited smokers to be tempted by my poster. It didn't happen and I now know that it is only when I personally intervene and start to 'sell' the concept that it works.

I now have seven of my 12 subjects and hope to get my full complement by the end of June. My sales of nicotine replacement therapy have improved significantly and I look forward to collecting my fee.

The University's James McElnay and his staff cannot be accused of sitting in an academic ivory tower. Their efforts are designed to help us and for that they are guaranteed my wholehearted support.

Written by a practising Northern Ireland community pharmacist.

Topical Reflections

A third term of office?

The results of the Royal Pharmaceutical Society elections have now been published and, demonstrating that her popularity continues undiminished by two eventful sessions in the chair, the runaway winner was once again our present president, Ann Lewis. During her presidency, she has successfully launched the Pharmacy in a New Age initiative and, for the first time in my memory, stimulated the whole membership to participate in shaping their own future. I went to the meeting organised by my local branch and was both surprised and impressed by the numbers who attended, their enthusiasm and the quality of ideas expressed.

All these ideas are now being collated in order for a 'plan of action' to be presented at the British Pharmaceutical Conference in September, but, as Ms Lewis is due to step down in only two weeks, she will not be in the chair for that presentation – that is, unless she is still president! Now this is a suggestion that is rumoured to be circulating in the corridors of Lambeth and I, for one, thoroughly endorse the idea.

Ms Lewis has been a true leader and, by her New Age initiative, has already assured herself of a place in pharmaceutical history. But I think the profession still needs her vision and enthusiasm to ensure that Pharmacy in a New Age is translated from theory into reality. What better accolade for her contribution to pharmacy than being allowed to stand as president for that unprecedented, but thoroughly deserved, third term?

Strong-arm sales hold no sway with me

I was recently approached by a company called Drug Alert, which offered me the opportunity of becoming a selected local distributor for

its drug abuse detection system, but, having examined the idea, and carefully thought through the ethical consequences of encouraging parents to pry into the private lives of their children, I declined the invitation.

There I thought the matter had ended, but I recently received another telephone call from a saleswoman from Drug Alert who was obviously unaware of my previous, and I must add, courteous dealings with one of her colleagues. However, instead of apologising for the duplication of approach and putting the phone down, this woman proceeded to interrogate me about my reasons for refusing this 'never to be repeated offer' and in so doing questioned my professional decision.

If, in the fullness of time, I decide that social or professional circumstances have sufficiently changed to revise my opinions, then I will inform Drug Alert, or any one of the number of competitors who will by that time be on the market, but meanwhile I do not need some strong-armed salesperson questioning my professional ethics.

I only report what I see

One of the advantages of anonymity is being able to tweak the lion's tail and survive to fight another day. A few weeks ago, I dared cross swords with the Young Pharmacists' Group (**Xrayser**, May 18) and, true to form, the wrath of the young has now descended upon my head (**Letters**, *C&D* May 25), but before the reputation of this humble columnist is so dismissively destroyed, perhaps both eminent letter contributors could find the time to 'read my lips'.

I am encouraged and impressed by the enthusiasm of those YPG members who are active in local politics and that is precisely the route I advocated, but I also report what I see. The YPG hustings were cancelled in 1996 and, at the AGM of my local branch, appeals for fresh young faces to revitalise the committee fell on deaf ears. I know – I was there! If those two events were the unfortunate coincidental anomalies of a dynamic democratic process, then I am overjoyed, but then I also now learn that 40 per cent of branches failed to send delegates to this year's Branch Representatives' meeting!

MEDICALmatters

IBS: suffering in silence

Almost a third of people with irritable bowel syndrome suffer for five years before a diagnosis is made and only a third are diagnosed within a year of experiencing symptoms. This is according to a Relaxyl survey launched to coincide with IBS Awareness Week (June 3-9).

The postal survey of almost 850 sufferers found that, prior to diagnosis, the majority (42 per cent) relied on indigestion remedies to relieve symptoms, while only 10 per cent were taking an antispasmodic. However, after diagnosis, the use of indigestion remedies, laxatives, painkillers and anti-diarrhoeals all fell, and the use of prescription medicines (including antispasmodics), fibre and bulking agents went up.

Stress was found to be the biggest cause of IBS, cited by two-thirds of respondents. The majority of people in the younger age group (15-44 years) also blamed stress.

IBS had social implications as well. More than one-third had taken time off work because of symptoms, the majority using excuses, such as stomach upset and migraine, rather than admitting to having the condition. Two-thirds said they had had to cancel social engagements, and half said it had affected their sex lives.

Respondents generally felt embarrassed talking about IBS and over half found the symptoms themselves embarrassing.

Over 2.5 million people have been diagnosed by their general practitioner as suffering from IBS and as many as one in three adults are thought to have suffered from symptoms at some point in their lives.

● Posters promoting IBS Week for display in pharmacies can be found in this week's *C&D*.

No immediate savings from routine *H pylori* screening

The cost savings associated with screening of young dyspeptic patients for *Helicobacter pylori* take many years to materialise, according to the *British Medical Journal*.

Although eradication treatment is cost-effective for the treatment of confirmed peptic ulcer, only a minority of patients under 45 presenting with peptic-type dyspepsia will have peptic ulcer disease and *H pylori* infection. These patients are more likely to be suffering from gastro-oesophageal reflux, which is improved by H2-antagonists rather than eradication therapy.

A decision-analytical model investigated patients under 45 years of age presenting to their GP with peptic-type dyspepsia and looked at the effectiveness of different treatment therapies – empirical treatment with healing and maintenance doses of cimetidine; eradication treatment and serology tests for *H pylori*. The main outcome measures were expected cumulative costs over ten years and the proportion of time patients spend without a recurrent ulcer.

After eradication treatment, patients with confirmed ulcer spend 99 per cent of their time free from recurrent ulcer disease compared with 95 per cent after treatment with cimetidine. Although eradication treatment costs less than treatment with cimetidine, the initial identification of cases appropriate for eradication may need a considerable investment of resources.

In conclusion, the authors warn that the enthusiasm of GPs to introduce routine testing in general practice should be tempered by the fact that cost savings may take several years to materialise.

Riluzole extends survival in motor neurone disease

Riluzole has been found to extend survival in patients with motor neurone disease, according to a study in *The Lancet*.

The double-blind, placebo-controlled, multicentre study investigated almost 1,000 patients with clinically-probable or definite amyotrophic lateral sclerosis (better known as motor neurone disease) of less than five years. Patients were given either placebo or 50, 100 or 200mg of riluzole daily.

The primary outcome was survival without tracheostomy and secondary outcomes were rate of change in a range of functions (such as muscle strength, stiffness and respiratory function).

After a median follow-up of 18 months and after adjusting for prognostic factors, riluzole at daily doses of 50, 100 and 200mg decreased risk of death or tracheostomy by 24, 35 and 39 per cent respectively. There were no significant differences in the effect of the drug on the bulbar or limb onset of the disease. And, by way of contrast to an initial study, the authors did not observe any significant effects of treatment on functional (secondary) outcomes.

Withdrawal due to side-effects was dose-related, most commonly seen with the 200mg dose. Side-effects included asthenia, dizziness, gastro-intestinal disorders and a rise in liver enzyme activity.

The authors conclude that riluzole is an effective drug with an acceptable safety profile (the 100mg daily dose being the most suitable) representing a first step in the development of treatments for MND.

Riluzole, which is being marketed as Rilutek by Rhone-Poulenc Rorer, is being reviewed by the European Medicines Control Agency for licensing.

SCRIPT SPECIALS

New Havrix presentation

Smithkline Beecham has introduced Havrix Junior Monodose, a new presentation of an inactivated hepatitis A vaccine. It has a number of advantages over Havrix Junior, which it replaces.

A primary course of Havrix Junior Monodose consists of a single intramuscular injection, instead of two doses as previously, and can provide protection for at least a year. The single dose can be administered a minimum of two to four weeks before protection is required, compared with the four to six weeks which was required for the original Havrix Junior. A booster dose of 0.5ml Havrix Junior Monodose, given six to 12 months after the primary dose will provide immunity for up to ten years.

Havrix Junior Monodose 0.5ml is available in single packs (basic NHS price, $16.39) or packs of ten ($163.90).

Sufficient supplies of the original vaccine are available to meet the needs of patients who have already either begun a course of Havrix Junior or are returning for their booster dose.

Smithkline Beecham Pharmaceuticals. Tel: 01707 325111.

New Kytril forms

Kytril is now available as 2mg tablets (five, £91.43) and paediatric liquid (30ml, £54.86). Smithkline Beecham Pharmaceuticals. Tel: 01707 325111.

Schering patient packs

Schering Health Care is launching patient packs for Pro-Viron 25mg tablets from June 1 (30, £4.75) and Primolut N 5mg tablets from July 1 (30, £2.16). Schering Health Care Ltd. Tel: 01444 232323.

Wyeth changes

The 100-tablet packs of Ledercort 4mg have been replaced by patient packs of 60 (£11.33). Ovranette is now available in triple packs of 21 (basic NHS price, £1.86) and the white uncoated tablets have been replaced by yellow sugar-coated ones. The Robinul & Dopram ranges have been sold to Anpharm and all enquiries should be addressed to Anpharm (UK), Trafalgar House, Union Street, Southport PR9 0QS. Wyeth Laboratories. Tel: 01628 414871.

CORSODYL
MOUTHWASH

MINT

GINGIVITIS TREATMENT

Contains 0.2% w/v chlorhexidine gluconate

600 ml

Now you can give gingivitis the full treatment.

The most powerful OTC treatment for gingivitis is one month's supply of Corsodyl Mouthwash, the equivalent of 2 x 300 ml bottles. Unfortunately most customers only only ask their pharmacist for one bottle instead of two. The introduction of our new 600 ml bottle means you can make sure your customers receive the full course of treatment.

The new 600 ml Corsodyl Mint Mouthwash joins the already best-selling range of Corsodyl Mouthwashes in pharmacies*. The Corsodyl range also includes a Dental Gel and Spray, also useful in the promotion of gingival healing after oral surgery and in the management of recurrent oral ulceration, denture stomatitis and oral thrush.

Extensive clinical trials and over twenty years of unrivalled professional endorsement prove Corsodyl's efficacy.

Corsodyl – The gold standard.

CORSODYL
chlorhexidine gluconate

rsodyl. Uses: Inhibition of plaque, treatment and prevention of gingivitis, maintenance of oral [illegible] *Mouthwash*: Clear colourless solution containing 0.2% w/v chlorhexidine gluconate. *Mouthwash*: clear pink [illegible] **dministration.** *Spray*: Apply to tooth and gingival surfaces and ulcers using up to 12 actuations of the spray twice daily. *Mouthwash* / *Mint Mouthwash*: [illegible] ml for one minute. *Dental Gel*: Brush the teeth with one inch of gel for 1 minute once or twice daily. Ulcers, oral candidal infections: Apply gel directly to [illegible] ical resolution. **Contraindications.** Previous hypersensitivity reaction to chlorhexidine. Such reactions are however extremely rare. **Precautions.** [illegible] ergic reactions to chlorhexidine. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur in a [illegible] outhwash, usually diminishing with continued use. Occasional oral desquamation. Very occasional parotid swelling. **Overdosage.** [illegible] effects are unlikely [illegible] **Presentation** **Dosage &** **Side effects** **mbers and Basic NHS Cost** **Corsodyl Spray** (0079/0311) 60 ml (OP) £3.39. **Corsodyl Mouthwash** (0079/0313) 300 ml (OP) £1.65. **Corsodyl Mint Mouthwash** **rsodyl** Dental Gel (0079/0314) 50 g (OP) £1.10. **Legal Category P.** Date of last revision December 1995. **Licence Holder** SmithKline Beecham Consumer Healthcare [illegible] Corsodyl is a trademark. **Product Licence** SmithKline Beecham

Jordan brushes up on Disney Hunchback

The Jordan Magic Hunchback of Notre Dame is the latest addition to the Jordan Magic toothbrush range in the UK.

The launch coincides with Disney's latest romantic blockbuster of the same name.

Available in four colourways, the brush features characters from the film on the handle.

Designed to make brushing fun for children, it is made with heat-sensitive plastic which changes colour after approximately two minutes.

Retailing at £1.99, the brushes are available in blister packs of 12.

Chemist Brokers Ltd. Tel: 01705 219900.

Heinz adds flavour to purified water for babies

With concerns about sugar levels continuing to have an impact on the baby drinks market, Heinz Infant Feeding is launching flavoured Purified Water in time for summer sales.

The new ready to serve drinks are available in three sugar-free varieties: purified water with a hint of strawberry, a hint of blackcurrant and a hint of lemon and lime.

Suitable for babies from four months, Heinz flavoured Purified Water comes in 120ml single-serve bottles ($0.42).

The drink can be fed straight from the bottle using a teat or it can be decanted into a cup.

Support for Heinz Purified Water includes sampling activity via Bounty Progress Packs during July/August to maximise potential during the peak summer season.

● Heinz is also adding an Apple & Blackcurrant variety to its No Added Sugar Pure Juice range in 750ml unbreakable plastic bottles ($1.55).

Press advertising for Heinz Pure Juice will be appearing in mothercraft publications in the late summer.

H J Heinz Co Ltd. Tel: 0181-848 2193.

Ready for the summer sun

A free leaflet about summer safety has been produced by Pioneer Biosciences.

'A Guide to Summer Safety' is designed to educate customers about the dangers of the sun and help them choose the correct SPF suntan lotion for their skin. It also warns of sun-skin reactions caused by some drugs and advises on the best way to avoid and treat painful insect bites.

● Pharmacy staff can win a four-night stay at a top London hotel and a pair of tickets to see 'Phantom of the Opera' in the Sun & Bite competition in the May issue of *OTC* (page 19).

The Jenks Group. Tel: 01494 442446.

Tillomed launches OTC loperamide tablets

Tillomed Laboratories has launched Normaloe, the first over the counter tablet form of loperamide 2mg.

Tillomed, which already makes a POM tablet version of the anti-diarrhoeal, has produced pharmacy packs of 12 tablets, retailing at $2.99.

A series of special promotions is planned for the launch.

Tillomed Laboratories Ltd. Tel: 01462 480344.

Sweet news from Hermesetas

Hermesetas tablet and granulated products are being relaunched this month with impactful new packaging.

A new heat-stable granulated sweetener is also being introduced. Hermesetas Original Granulated is a saccharin-based product which is suitable for use in cooking and baking.

The relaunch is being supported by a year-long £2 million press and TV campaign. On-pack consumer promotions and consumer sampling are also planned.

● Worth nearly £60m, the sweetener market is forecast to rise by more than 30 per cent to around £80m by 2000.

Hermes Sweeteners. Tel: 0171 836 3927.

Palmolive goes soft on liquid wash

Newest addition to the Palmolive body cleansing range is Palmolive Softwash liquid wash.

The new product comes in two variants: Sensitive Skin, which is soap-free and dermatologically-tested, and Moisturising, which is enriched with almond milk.

With a pH neutral formula, both have a light fragrance and are presented in 300ml plastic bottles with a pump dispenser ($1.89).

A $1.8 million TV campaign, which reinforces the brand's 'Gentle touch' positioning, will be on-air in June/July.

● The liquid soap market was worth almost $25m at the end of 1995 (Infoscan/-Colgate-Palmolive) and is estimated to grow by 20 per cent year on year to be worth $36m by the end of 1997.

Colgate-Palmolive Ltd. Tel: 01483 302222.

New ovulation prediction test from First Response

Carter-Wallace is launching a new one-step First Response Ovulation Prediction Test. The pack ($18.99) contains tests for five days, which allows most ovulating women to predict their monthly cycle.

The test works by detecting the levels of luteinising hormone in urine. The increase is shown by the test line getting darker through the days of testing. When it is the same colour, or darker, than the reference line, the LH surge is detected and ovulation is predicted to occur in the next 24-36 hours.

An advertising campaign for the test will be running until December in key women's consumer titles.

Carter-Wallace Ltd. Tel: 01303 850661.

TURN RED eyes into A *handsome* PROFIT

This is a TALE *of princely* PROFITS from the RED eyes *of* HAYFEVER.

With Hay-Crom Hay Fever Eye Drops your profit starts at a majestic **40%**, and grows and grows the more you order. Such attractive returns make Hay-Crom Hay Fever Eye Drops your first choice for OTC sales this summer. And that's not the end of the story.

The price of Hay-Crom Aqueous Eye Drops has come tumbling down to just **£4.40**. Now costing a full **£2.50 below** the originator's brand, they will surely leap to number 1 amongst prescribed sodium cromoglycate eye drops. Hay-Crom offers you sodium cromoglycate eye drops in both OTC and prescription forms from one manufacturer. So save yourself time and trouble by stocking up with Hay-Crom now.

Hay-Crom Aqueous Eye Drops
Sodium Cromoglycate 2% w/v Ph Eur13.5ml

Hay-Crom Hay Fever Eye Drops
Sodium Cromoglycate 2% w/v Ph Eur 10 ml

Hay-Crom™ Aqueous Eye Drops and Hay-Crom™ Hayfever Eye Drops containing Sodium Cromoglycate Ph.Eur. 2% w/v as the active ingredient with benzalkonium chloride 0.01% w/v, as preservative. Disodium Edetate BP 0.5% and Purified Water BP.Indications: POM: For the prophylaxis and treatment of acute and chronic conjunctivitis, including hayfever.P: For the treatment of acute (seasonal) allergic conjunctivitis, including hayfever.Dosage: Adults, children and the elderly: One or two drops into each affected eye up to four times daily or as directed by the doctor.Contra-indications: Hypersensitivity to sodium cromoglycate, benzalkonium chloride or disodium edetate. Warning/Precautions: Since sodium cromoglycate is essentially prophylactic, patients should be advised not to discontinue using the eye drops unless advised to do so. The eye drops should not be used whilst wearing soft contact lenses, because of the preservative they contain. As with other ophthalmic preparations, patients should be advised to discard any solution remaining 28 days after opening. Hay-crom Aqueous Eye Drops should only be used during pregnancy where clearly needed. Adverse effects: Following instillation of the drops, transient symptoms may occur. These may include blurring of vision, burning or stinging. Package quantity and cost: POM: Each bottle contains 13.5ml; £4.40; PL 0530/0356 P: Each bottle contains 10ml; £3.99; PL 0530/0356. Legal Category: Hay-Crom Aqueous Eye Drops: POM Hay-Crom Hayfever Eye Drops: P.Hay-Crom and Baker Norton are Trade Marks of Norton Healthcare Ltd. Further information can be obtained from: Norton Healthcare, Gemini House, Flex Meadow, Harlow, Essex CM19 5TJ. Telephone 01279 426666. Prepared 02/95. Reference: 1. MIMS March 1996.

HCHC0496/A4

NORTON

Nicorette on TV

A new £3.8 million TV advertising campaign for Nicorette Gum breaks on June 3 and will be running throughout the year. This is the brand's biggest-ever TV spend.
Pharmacia & Upjohn Ltd. Tel: 01908 661101.

Rheumatic advice

A new leaflet, called 'Help for Your Rheumatic Pain', is available from Gerard House to support Reumalex.
Gerard House Ltd. Tel: 01582 487331.

Natural additions

Vantage is extending its Naturewise brand with six herbal remedies and three pre-mixed massage oils. A discount of 10 per cent is currently available on all orders of Naturewise products.
AAH Pharmaceuticals Ltd. Tel: 01928 717070.

Tasty Tots Award

Numark pharmacies can offer their customers the opportunity to win an all-expenses paid trip for a family of four to Legoland, Windsor. Run in conjunction with Cow & Gate, the competition is based on sending a photo of a baby eating Olvarit.
Numark Ltd. Tel: 01827 69269.

Double win

CK One was awarded best female fragrance and best male fragrance in the UK at the Fifi Awards organised by the Fragrance Foundation.
Calvin Klein Cosmetics (UK) Ltd. Tel: 0171 629 9643.

Dual action Dettol spray

Reckitt & Colman has introduced Dettol Antiseptic Pain Relief Spray (50ml, £3.99) available only through pharmacy.

Ideal for young children, this handy pump spray is suitable for cuts, grazes, stings, bites and minor burns.

It is formulated to deliver the dual benefit of antiseptic protection to help prevent infection (benzalkonium chloride 0.2 per cent) combined with a pain relief action (lidocaine 2.2 per cent) which numbs the wound area.

The product will be supported by a $600,000 national TV campaign which will clearly point out that it is only available in pharmacy. The ads break in July.
Reckitt & Colman Products. Tel: 01482 326151.

Boost for Complan

The relaunch of Complan is being backed by a £1 million marketing support package.

Women's press advertising will appear in key titles from next week. Sampling activity, consumer promotions and medical detailing to healthcare professionals is also under way.

Complan has been reformulated for easier mixing and improved taste. It has also been repackaged with bright new graphics. There are two new flavours – Peach & Raspberry and Vegetable.
H J Heinz Co Ltd. Tel: 0181 573 7757.

New Quellada range contains malathion

Stafford-Miller is launching a new range of Quellada products for scabies, crab lice and headlice.

Quellada M contains the active ingredient malathion and is a Pharmacy only medicine. It does not contain alcohol and is therefore suitable for those with asthma, eczema or sensitive skin.

It is available as a 50ml or 200ml liquid (malathion 0.5 per cent w/w) and as a 40g cream shampoo (malathion 1 per cent w/w). NHS prices are £1.94, £4.84 and £2.14 respectively.

Educational leaflets offering advice to patients on scabies, headlice and crab lice are available from Stafford-Miller.

● Quellada lindane-based products imported from Canada are no longer available from the company.
Stafford-Miller Ltd. Tel: 01707 331001.

Free Rayban sunglasses with Ultrabrite

Colgate-Palmolive is giving away 500 pairs of Rayban Wayfarer sunglasses in a new Ultrabrite on-pack competition.

Until the end of July, 100ml packs of Ultrabrite will carry a wordsearch competition printed on the inside of the carton. If a consumer can find the word 'Wayfarer' in the grid, they win a pair of classic sunglasses, worth around £60.
Colgate-Palmolive Ltd. Tel: 01483 302222.

Comfort for contact lens wearers

Allergan has launched a new eye drop, called Revive, which is designed to provide more comfortable lens wear for people.

The product's active ingredient is carboxymethylcellulose. This ocular lubricant mimics the tear film's mucin layer resulting in cushioning of the lens for longer-lasting comfort.

Suitable for soft lens wearers with sensitive eyes, Revive comes in a 20-vial pack which retails at £3.49.

Consumer advertising and in-pack leaflets are scheduled for later in the year.

● A recent Gallup survey reported that a third of people give up wearing lenses each year because of comfort problems.
Allergan Ltd. Tel: 01494 444722.

ON TV NEXT WEEK

Bazuka: C, CAR

Beconase Hayfever: ITV, C4, C, A, HTV

Centrum: C4

Colgate-Palmolive Soft & Gentle: All areas

Gentle Touch: All areas

Gillette Series Pacific Light: All areas

Ibuleve: C4

Imodium: All areas except CTV, GMTV, TSW

Otex: C4

Pepcid AC: U, STV, B, C, G, HTV, W, LWT, TT

Sensodyne toothpaste: All areas

The Wrigley Company/Sugar Free Brands: All areas

Toepedo: B, G, Y, C, TT,C4

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, GMTV Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

Canesten® AF
Clotrimazole BP 1%
Clinically proven to treat
Athlete's Foot
Cream 15g

Make sure you don't run out.

With over twenty years experience in the Athlete's Foot market and a strong prescription background, who better than Canesten to make your sales grow? Canesten AF has striking new packaging and an active ingredient which together with a £500,000 advertising campaign and special introductory bonuses adds up to an excellent business opportunity. As you would expect from Bayer, it is only available through you, the pharmacist.

Advertising begins in June, so stock up now.

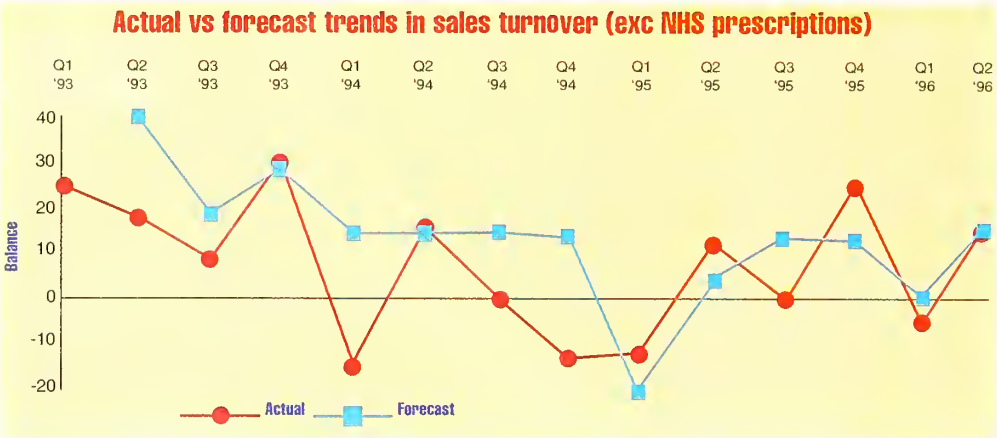
The news is people will be itching to get hold of it.

Always read the label. Contains Clotrimazole.

ABRIDGED PRESCRIBING INFORMATION **Presentation** White cream containing 1.0% Clotrimazole BP **Uses** Treatment of all fungal skin infections due to dermatophytes, yeasts, moulds and other fungi. T... rash, candidal vulvitis and candidal balanitis. **Dosage and Administration** Apply thinly and evenly to the affected area two or three times daily and rub gently. Continue for at least one month for d...matophyte it... candidal infections. **Contra-indications** Hypersensitivity to Clotrimazole. **Side Effects** Rarely, local mild burning or irritation immediately after applying the cream. Hypersensitivity to ... Use in Pregnan... Clotrimazole should be used in pregnancy only when considered necessary by the clinician. **Legal Category** P. **Package Quantities and Basic NHS Cost** £1.82 per 15g tube. **Product Licence Number** P... Further infor... Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA. Telephone: (01635) 563 000. **Date of preparation:** April 1999. ® Registered trademark. © Bay...

No cheer in the new year

The first quarter was hit by a fall in margins and sales in beauty products, according to the *Chemist & Druggist* Business Trends panel. Does the future look any brighter for pharmacy?



Independents fared better than multiples on turnover, but only those with sales of more than £500,000 per year achieved positive value growth*

The season of cheer and goodwill is long gone, but retail pharmacy is still reeling from post-Christmas blues. More than half of pharmacy businesses have seen a fall in margins in January-March this year compared to the same quarter last year. What is worse is that around the same number also believe the downward trend will continue through to at least June.

Although there were no significant differences between multiples and independents as far as margins were concerned, there were regional variations. The worst hit were the North East and Scotland, where two-thirds of panellists registered lower profits compared to the same period last year. Scotland was also the most pessimistic about the future.

Turnover, however, did rise slightly in comparison to the same period in 1994 and 1995 (see graph above). Independents also fared better than multiples, but it was only those with a turnover of more than £500,000 per year that achieved positive value growth. The Midlands, the South West and Wales had more incidences of increases in turnover compared to other regions, but the South East (including East Anglia) was the only region to have a significantly smaller proportion forecasting growth over the next three months.

NHS prescriptions

Almost half of respondents said the volume of NHS prescriptions had increased over the first quarter compared to last year, but only 35 per cent thought the volume would increase over the next three months compared to the same period the previous year (47 per cent predicted it to stay the same and 16 per cent thought it would go down).

There was little difference in prescription volume between multiples and independents, but slightly more multiples forecast an increase in prescriptions in the second quarter.

All areas experienced significant growth, particularly Wales, Scotland and the South West. However, the North West had the most respondents predicting a fall in the second quarter.

OTC sales

Over half the sample reported an increase in sales of OTC medicines for the first quarter and almost 40 per cent predicted sales would go up in the next quarter. Shops with larger turnovers experienced a greater increase in sales and were more optimistic about sales in the next period.

Analgesics also showed healthy results, with over half of respondents reporting a rise in sales and more than a third experiencing similar sales to the same period the previous year.

Most panellists thought sales of indigestion remedies were similar to last year, but over a third thought they had actually gone up. The majority expect similar year on year sales in the next quarter. With vitamins, the number of panellists experiencing sale increases almost matched those who said sales had remained static.

Cosmetics, fragrances and toiletries all showed a decline in sales compared to the same quarter last year and pharmacists in general did not foresee any upward trend in sales for the next three months.

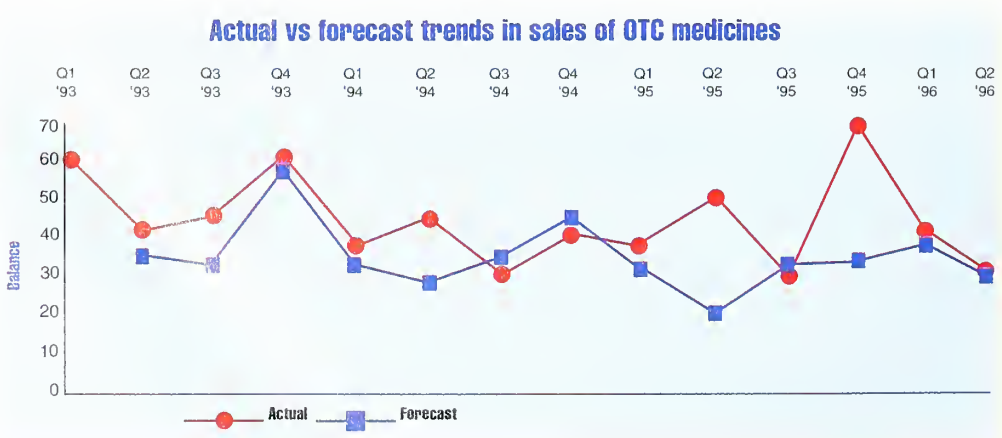
Demand for photoprocessing also declined in the months following Christmas, falling to well below what had been predicted for that period. However, as summer approaches, the sector is expected to rise again.

The majority of respondents reported static sales in baby care products. Although sales in the next quarter are expected to rise, the general trend in this market has been steadily falling over the years (see graph middle right).

On the bright side

Pharmacists continue to be more optimistic about their own business prospects than the prospects for the retail pharmacy sector and the whole retail sector. Even so, a third still feel pessimistic about the future of their businesses in the next six months, a half are negative about retail pharmacy as a whole and a third hold no hope for the future of the retail sector in general.

A quarter of respondents had been approached to sell their business in the last quarter, which was equally split between multiples and independents. More pharmacists from outlets turning over more than £350,000 per year had been propositioned and the most popular regions were the South West and the South East. The least popular was Wales.



Over half the sample reported an increase in sales of over the counter medicines for the first quarter of this year*

Percentage increase for contractors in 1996-1997

	Base	2.5-2.9 %	3.0-3.4 %	3.5-3.9 %	4.0-4.4 %	4.5-4.9 %	Over 5.0 %	Not stated
Total	195	67	19	8	3	1	1	2
Type of shop								
Independent	138	69	17	9	3	0	1	1
Multiple	55	64	24	5	4	2	0	3

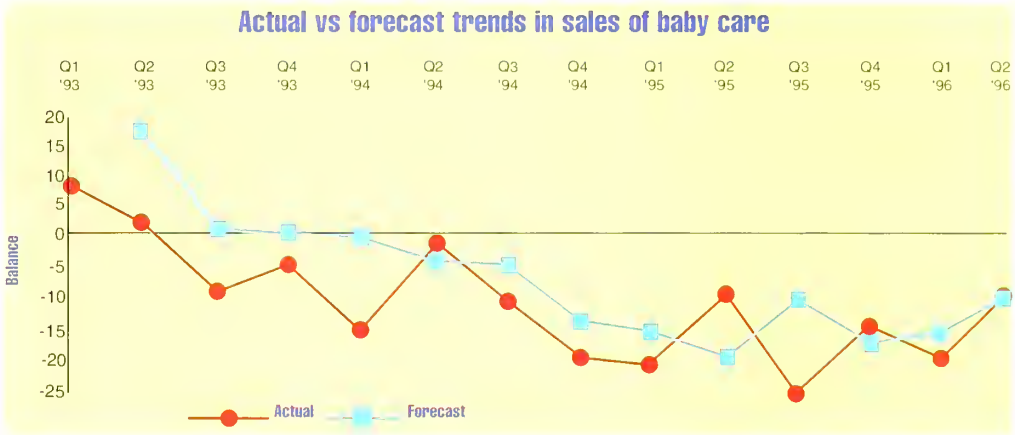
Over half of those who had been approached to sell rejected the offer, but a third said they were still considering it.

Remuneration uproar

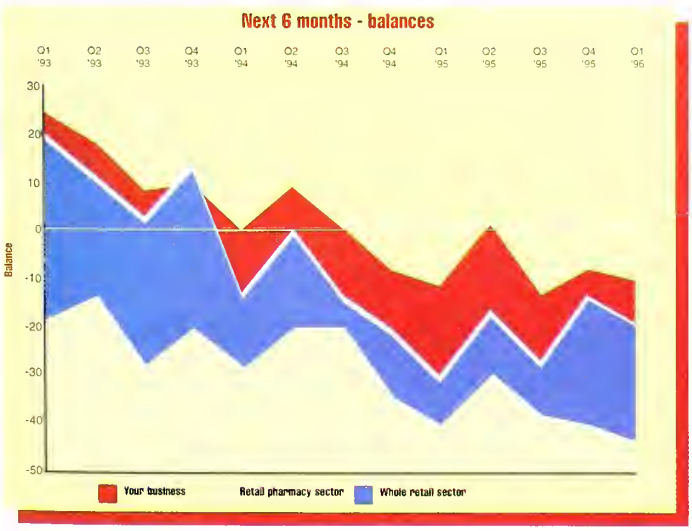
The January to March Business Trends survey included questions on remuneration.

- Four-fifths of those questioned thought this year's negotiations would result in an imposition and only 8 per cent thought it would end in a settlement. However, in Scotland, where there is a separate negotiating body, a fifth predicted a settlement.
- Questionnaires were sent out to 484 members of the *Chemist & Druggist* retail business trends panel, of which 195 responded.
- Of the responses returned, 71 per cent came from independent pharmacies, 25 per cent from multiples of 2-20 outlets and 4 per cent from multiples with more than 20 outlets (1 per cent did not state the number of outlets).
- Members of the panel were asked to compare how well the various aspects of the business were doing (in terms of margins, turnover etc) for January-March, 1996, with the same period last year. Expected trends for the next three months were also collated.

- The majority of pharmacists (57 per cent) were not satisfied with the way their LPC/contractors had handled local pay negotiations so far. A third felt "quite satisfied".
- More than a third of respondents (more from independents than multiples) said they were prepared to pay an increased levy to fund a full-time LPC/contractors committee negotiator. However, a quarter said they were "not sure".
- An overwhelming majority (89 per cent) felt non-contract pharmacies would threaten community pharmacies with NHS contracts. This threat was felt almost equally by multiples and independents.
- Nearly two-thirds of respondents believe the introduction of local pay negotiations would threaten NHS community pharmacy services. More from the North East and from outlets with a turnover of less than £350,000 per year said such negotiations would be "very threatening".



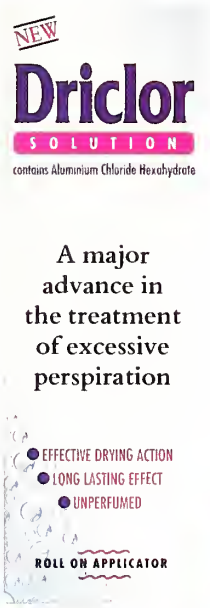
Baby care sales were "static"*. *The figures for 'actual' and 'forecast' represent a balance between those saying that a particular trend is 'more' or 'up', minus the proportion who say it is 'less' or 'down'



“Excessive perspiration is deeply embarrassing and **now we’re telling everyone about it**”

What if you couldn’t find an antiperspirant that worked? What if you went on sweating so much that before the day was out you needed a change of clothing? This is the reality for a surprising number of people, as a recent Gallup survey found. In fact, 11% of the women they spoke to were frequently forced to change clothes or cover up to avoid the embarrassment of excessive perspiration. The level of dissatisfaction with existing antiperspirants might also surprise you.

As many as 26% of all women asked were interested in buying a product ‘successfully used by doctors’ – if it was available from their pharmacist. Clearly the market is there, and Driclor Solution is the brand to reach it – especially once our national media campaign begins this summer. As a clinical antiperspirant Driclor Solution provides long term control of excessive perspiration, and even works for problem sweaty feet. Every pharmacist should stock it. Now more than ever.



NATIONAL MEDIA CAMPAIGN STARTS THIS SUMMER

Pharmacy only clinical antiperspirant

Presentation: Solution. **Active ingredients:** Aluminium Chloride Hexahydrate USP 20% w/w. **Uses:** Driclor is indicated for the treatment of hyperhidrosis (excessive perspiration). **Dosage and administration:** Apply Driclor last thing at night after drying the affected areas carefully. Wash off in the morning. Do not re-apply the product during the day. Initially the product may be applied each night until sweating stops during the day. Frequency of application may then be reduced to twice a week or less. **Contra-indications, warnings etc:** Ensure that the affected areas are completely dry before application. Do not apply Driclor to broken, irritated, or recently shaven skin. Driclor may cause irritation which may be alleviated by the use of a weak, corticosteroid cream. Avoid contact with the eyes. There are no restrictions on the use of Driclor during pregnancy or lactation. Avoid contact with clothing and polished metal surfaces. **Product Licence Number:** 0174/0044. **Pack size and Retail Selling Price:** 30ml bottle. £4.75. **Legal category:** P. **Date of preparation:** March 1995. Stiefel Laboratories (UK) Ltd., Holtspur Lane, Woodburn Green, High Wycombe, Bucks, HP10 0AU.

STIEFEL
Research in Dermatology

PHARMACY update

Response to symptoms

The techniques of responding to symptoms and managing common ailments in the pharmacy *I*

Drug interactions

An outline of the mechanisms of drug interactions and an overview of important common 'problem' drugs *IV*

Responding to symptoms

The OTC medicines sector continues to grow within pharmacy with pharmacists playing an increasingly bigger role in managing common ailments. Derek Balon, series author, community pharmacist and King's College lecturer, kicks off an 18-month series on response to symptoms by explaining the concept behind it

The growth of self-medication has been encouraged by many forces: the drug industry, general practitioners, the Government, the National Pharmaceutical Association and the profession itself.

At the same time, the availability of potent, effective over the counter medicines has increased and consumer watchdogs have emphasised the importance of safe supply and use of these potentially harmful products.

Pharmacists are seen as the most appropriate, trained healthcare professionals to supply medicines. They are also regarded as the most appropriate experts to respond to symptoms presented by the public as the result of minor conditions.

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 17) IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* JULY 13, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To be aware of the importance of responding to symptoms
- To understand the theory behind response processes
- To be aware of the SCRUTINY and CARE mnemonics
- To appreciate the importance of disease management

Response process

Pharmacists usually respond rapidly, with a continual vigilance for 'danger' signals. Novice pharmacists probably use a general problem-solving approach based on a set of required information. Experienced pharmacists adopt a pattern-matching process, which includes referral patterns for serious conditions.

Pattern matching is a process which relies on information stored from previous cases.

The algorithmic approach, with 'yes/no' answers to specific questions, is used by the expert for differential diagnosis and by the novice for much of the interview until they have sufficient background knowledge (cases) to provide a secure pattern-matching template.

The process of responding to symptoms is complex, involving a substantial knowledge base with associated communication skills. This has resulted in the development of various strategies to improve the learning process. Some simplifying the process to five major points (eg 2WHAM), others using numerous 'areas of concern'.

Initial presentation

The initial interaction is usually initiated by a patient request for:

- **a specific medicine** ("Can I have a bottle of Gaviscon, please?")
- **advice on the best medicine for a self-diagnosed condition** ("Is Gaviscon the best for my reflux oesophagitis?")
- **diagnosis and treatment** ("I have this terrible pain above my stomach. What have you got for it?").

The first, a simple request for a medicine, may not require the pharmacist's intervention, while the last two represent the first stage in the responding to symptoms process. This cyclical feedback system involves five stages:

1 initiate interview
2 form initial hypothesis
3 gather data
4 form a conclusion
5 manage the patient.

Care must be taken to ensure the patient is identified. About 20 per cent of people requesting medicinal advice are not the patient but their representative.

The formation of an initial hypothesis at this early stage suggests the direction of the data-gathering process. The patient who presents with a terrible pain above his stomach is unlikely to be suffering from athlete's foot, therefore the initial questioning sequence will be directed towards conditions which cause the symptom of epigastric or retrosternal pain, such as indigestion, reflux oesophagitis, angina and perhaps muscular strain.

The pharmacist now has to assess the condition which requires treatment. To do this satisfactorily they need more information.

Continued on PII ▶

SCRUTINY and CARE

S Symptom
C Complex
R Region
U Universal factors
T Time
I Intensity
N Natural history
Y Your current medication

C Chronic/Risk group/Age
A Allergies
R Reaction to proposed medicines
E Establish patient preference

◀ *Continued from PI*

While they can control the order in which data is gathered to some degree, they have to remember information which, though not pertinent at that time, may be useful later in the process for either diagnosis or management.

Throughout the diagnostic stage of the response process, pharmacists are examining their knowledge base against the data being elicited from the patient. It is convenient for both learning and testing purposes to group the knowledge base in 'areas of concern' and these are represented by the mnemonic SCRUTINY (see box above). The following uses the example of a common cold:

Symptoms

Complex

Very few diseases present as a single symptom. The common cold usually presents with at least two of its five common symptoms. It is the combination of these symptoms that initially leads to the diagnosis of the condition.

Region

Headaches associated with a cold are often sinusitic, the pain being located either above or below the eyes (the site of the commonly affected sinuses). The region is, therefore, significant.

Universal factors

This area of concern covers provoking and relieving factors and epidemiology. A cold may be presented as the flu by the patient, especially if there is increased incidence at the time. Similarly, a 'cold' may transpire to be allergic rhinitis when the patient reveals they have recently acquired a cat.

There are few provoking or relieving factors for a cold, but indigestion may be provoked by excess alcohol or an unusually spicy meal; reflux oesophagitis relieved by sitting up in bed or by a gastric 'raft' medicine.

Time

Intensity

Time and intensity are inter-related and are best considered as one. A cold is an acute condition, the symptoms being of low intensity. Flu symptoms are often more intense, the temperature being more raised, the malaise more intense. These are diagnostic features.

Another component of these areas is whether the symptom/condition has occurred before and with what outcome. Many people have had colds more than once and are able to self-diagnose the condition from their own experience. Cluster headaches are less common, but a diagnostic feature is their recurrence.

Natural history

Colds frequently start with a sore throat, then the eyes become 'hot' as a slight temperature develops and the symptoms progress to include a runny nose. A cough often follows: first, dry and hacking, then productive, and finally the nose becomes congested as the mucus thickens.

While this is not an invariable sequence, the majority of colds, indeed the majority of diseases, follow some well defined sequence which is diagnostic. Therefore, data concerning this sequence are necessary during the diagnostic stage of the interview.

Your current medication

Since many symptoms are the result of current medication, it is essential to establish if the present problem is drug-related. The dry cough, which may be one of the later symptoms of the cold, may also be the result of an ACE inhibitor.

The failure of a medicine to relieve a symptom may also be diagnostic. A patient with established peptic ulceration who finds his ranitidine failing to control the symptoms may be suffering from simple indigestion. The runny nose and hot, itchy eyes which are not relieved by a simple cold remedy may be the result of allergic rhinitis.

During this data-gathering process, the pharmacist examines current hypotheses, comparing them with the information already available, rejecting some of the initial hypotheses and replacing them with others.

Eventually they may find only one hypothesis is acceptable: this is the working hypothesis or 'diagnosis'. This diagnosis is now tested with a differential diagnosis, possibly using the algorithmic approach. Failure to develop a working hypothesis requires the patient to be referred to his doctor.

Managing disease

Having reached a diagnosis, the pharmacist must now decide how to manage the patient. Management may include any combination of three processes:

1 Refer the patient to another healthcare professional (doctor, dentist). Referral is necessary if the condition identified is beyond the remit of a pharmacist

2 Suggest a suitable treatment (which may or may not include a medicine)

3 Increase the patient's knowledge about their current condition.

The most appropriate management strategy is selected taking into account another set of areas of concern which are represented by the mnemonic CARE (see box above left). The first of these strongly influences the decision to refer the patient. The other three are mainly concerned with a treatment strategy.

Chronic/risk group/age

The decision to refer is influenced by the age of the patient. People at either end of the age spectrum are less able to cope with disease and require referral when they exhibit symptoms of common minor problems which, in a person of intermediate age, could be safely managed by a pharmacist.

Similarly, chronic disease states (risk groups) also influence earlier referral. Examples include the three-month-old baby with acute diarrhoea; the diabetic patient with a painful corn; the chronic bronchitic with a severe cough and the elderly patient with cystitis.

Allergies

It is essential to establish if the patient is known to be allergic to the drug being recommended.

Reaction to proposed medication

Another potential problem which is predictable and preventable is the supply of a medicine which is known to adversely affect the patient. Thus the supply of promethazine to relieve an allergic reaction may slow down the reaction time in a driver with potentially serious consequences. Similarly, the supply of pseudoephedrine to a hypertensive patient may be inappropriate.

Establish patient preference

Patients will respond better to their medicine – in terms of compliance and placebo effect – if they have some say in its selection. Thus an antacid tablet, although not much different pharmacologically to a liquid, is more effective in practice because the patient can carry it in their pocket and because they believe that sucking a tablet is a more efficient method.

Having applied the principles of both SCRUTINY and CARE, the selection of the most appropriate therapeutic agent is now possible. Pharmacists should develop their own armamentarium of just a few drugs for each condition they treat. By limiting this selection it is possible to have detailed knowledge of both the benefits and the limitations of their recommendation.

Patient information

When supplying a medicine, the patient must be counselled on how to take their medicine and on the expectations of the medicine – to include how long it takes to have an effect, any side-effects and what to do if adverse effects are experienced.

In many cases, it is useful to discuss the nature of the problem with the patient. This could include the natural history of the condition and therefore the likely course of the symptoms and their abatement. Factors which are likely to provoke or alleviate any future attack are also of importance. These points may be considered as health education.

This process is clearly not simple and requires time, both from the pharmacist and the patient. The use of a structured approach makes it less likely to omit any significant area of concern while reducing the burden of time on both participants. It must be emphasised that the term 'structured approach' should not be regarded as a straitjacket of a sequential organisation of data-gathering, but purely as a background against which the interview progresses.

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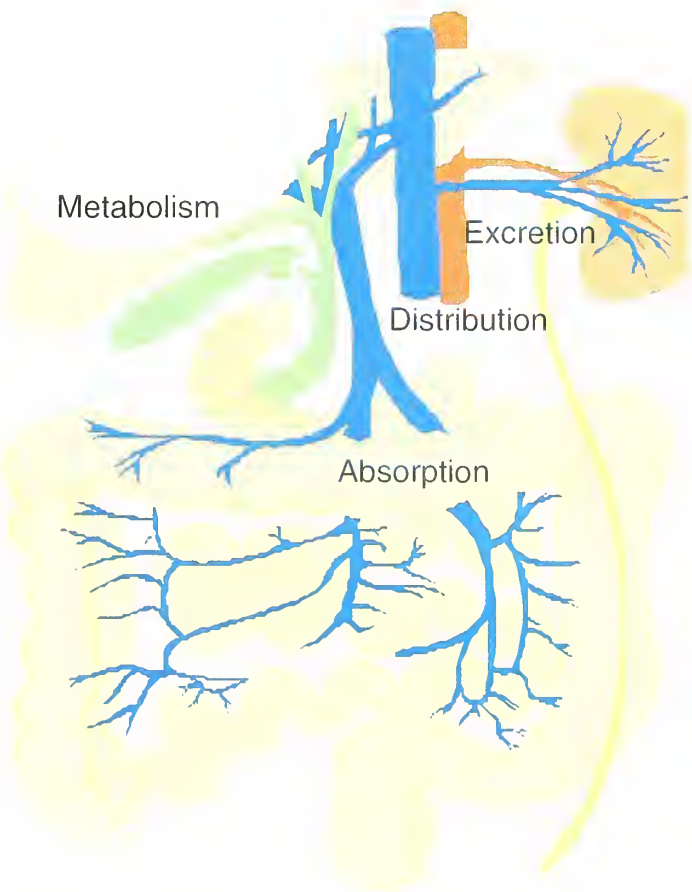
Interaction zone

In a two-part series, Darrell Baker, senior pharmacist and teacher/practitioner based at University Hospital of Wales, looks at how pharmacists can identify drug interactions and avoid hazardous combinations. This article focuses on the common mechanisms of drug interactions



Everyday pharmacy practice is plagued by the occurrence of potential problem drug combinations. Pharmacists have to be able to identify drug interactions that matter so that unintended effects are avoided, or at least minimised, and patients are not put at risk unnecessarily.

An interaction is said to occur when "the effects of one drug are changed by the presence of another drug, food, drink or by some environment chemical agent" (Ivan Stockley, 1994).

The outcome of an interaction may be harmful by giving rise to increased drug toxicity or reduced efficacy. However, some interactions are helpful as they may produce improved efficacy or limit toxicity. While it is interesting to note the benefits from the latter, pharmacists must acquire the 'alarm' system needed to recognise the potential problem drug combinations.

It is impossible to remember all clinically important drug interactions, but an appreciation of the mechanisms by which drugs interact, linked with a basic knowledge of pharmacology of commonly prescribed drugs, allows prediction or recognition of known interactions and anticipation of new ones. It is helpful and reasonable to be aware of:

- **problem drugs** that have the potential to cause problems due to their effects on drug handling
- **risky (or 'victim') drugs** which are prone to being the 'victim' of interactions.

In addition, it is useful to recognise that some patients are more vulnerable than others to drug interactions.

Mechanisms

'Problem' drugs are most easily identified by considering the mechanisms of drug interaction. Some drugs interact in totally unique ways, but certain mechanisms are encountered time and time again. There are two main types of mechanisms:

- **pharmacokinetic interactions** are based on changes in how the body handles the drug
- **pharmacodynamic interactions** arise when there is a change in the effect of the drug. Put simply: pharmacokinetic is what the body does to the drug; pharmacodynamic is what the drug does to the body.

Pharmacokinetics

Pharmacokinetic effects can be divided into absorption, distribution, metabolism and excretion, although combinations of effects may occur and what finally happens is less predictable (see diagram, left).

- **Absorption interactions**

Most drugs are given orally for absorption across the mucous membranes of the gastro-intestinal tract. The majority of interactions which occur here result in reduced rather than increased absorption.

We also have to distinguish between an effect on the rate of absorption and a change in the amount absorbed. Reduced rate is the usual problem and this is primarily an issue for acute treatments where a prompt onset is required, eg analgesics, hypnotics. For chronic treatments, eg antihypertensives, a reduced rate of absorption will have no practical impact.

Absorption interactions may be caused in one of four ways.

a Gastro-intestinal pH may change to one which is less favourable for absorption, eg antacids, H2 antagonists.

b Chelates or complexes may form, which retain the 'victim' drug within the gut and reduce the rate and extent of absorption, eg tetracycline antibiotics which form complexes with di- and tri-valent metal ions.

c Changes can occur in gastro-intestinal motility and drug delivery from stomach to the large surface area of the small intestine where most absorption occurs, eg metoclopramide increases gastric emptying (and therefore speeds up absorption). All food delays gastric emptying and thus delays absorption of drugs.

d Drugs can affect the gastro-intestinal flora, eg broad spectrum antibiotics. Ethinyloestradiol conjugates are hydrolysed by the bacterial flora and then re-absorbed into the portal circulation. Broad spectrum antibiotics, on the other hand, will decrease the available oestrogen, resulting in the failure of the oral contraceptive pill.

- **Distribution interactions**

Once absorbed, a drug is then distributed to its site of action. The main mechanism of interactions at this stage is protein binding displacement. Examples of highly protein bound drugs include warfarin, phenytoin, non-steroidal anti-

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OBJECTIVES

- To recognise the significance of drug interactions
- To understand the mechanisms of drug interactions
- To distinguish between pharmacokinetic and pharmacodynamic effects
- To recognise common interactions with over the counter medicines
- To identify vulnerable patients

Drug interactions with over the counter products

OTC drug	Prescription drug	Nature of interaction
Antacids	chloroquine	reduced absorption
	penicillamine	
	phenytoin	
	phenothiazine	
	iron	
	some antibacterials	
	EC tablets	enteric coating disrupted
Antihistamines (sedative)	alcohol	additive sedation
	anticholinergics	
	antidepressants	
	anxiolytics	
	hypnotics	
Antihistamines (astemizole, terfenadine)	drugs with arrhythmic potential	increased risk of arrhythmias
	erythromycin	increased levels terfenadine, astemizole
	ketoconazole	
Aspirin and salicylates	antacids	reduced salicylate levels
	anticoagulants	increased risk of bleeding
	anticonvulsants (phenytoin, valproate)	increased levels phenytoin, valproate
	corticosteriods	increased GI irritation
	diuretics	reduced diuretic effect
	methotrexate	reduced excretion methotrexate
	NSAID	increased GI irritation
	probenecid	reduced uricosuric effect
Calcium salts	diuretics	increased risk of hypercalcaemia
Cimetidine	anticoagulants	inhibits metabolism, increased drug levels
	carbamazepine	
	phenytoin	
	theophylline	
Codeine and hyoscine	antidepressants	increased sedation
	antihistamines	
	antipsychotics	
	anxiolytics	
	hypnotics	
Fluconazole	anticoagulants	inhibits metabolism
	astemizole, terfenadine, cisapride, cyclosporin, digoxin, phenytoin, theophylline	increased drug levels
Folic acid	anticonvulsants (phenobarbitone, primidone)	reduced anticonvulsant level
Ibuprofen	diuretics	reduced diuretic effect
	corticosteroids	increased GI irritation
	NSAID	increased GI irritation
Iron	levodopa	reduced drug absorption
	penicillamine	
	quinolones	
Mebendazole	carbamazepine	reduced mebendazole levels
	cimetidine	increased mebendazole levels
	phenytoin	reduced mebendazole levels
Paracetamol	metoclopramide, domperidone	increased onset of paracetamol action
Potassium salts	ACE inhibitors, cyclosporin, potassium sparing	hyperkalaemia
Quinine	digoxin	increased digoxin level
	cimetidine	increased quinine level
Sympathomimetics (ephedrine, phenylephrine, pseudopephedrine, phenylpropanolamine	digoxin	increased risk of arrhythmias
	MAOIs	hypertensive crisis
	antihypertensives	reduced antihypertensive effect
	theophylline	potentiates effect
Sodium salts	lithium	reduced lithium levels
Theophylline	enzyme inhibitors	increased theophylline levels
	enzyme inducers	reduced theophylline levels
	lithium	reduced lithium levels
Vitamin C	aspirin	reduced vitamin C absorption
Vitamin D	phenytoin	reduced vitamin D levels
Vitamin K	anticoagulants	reduced anticoagulant effect
Zinc	iron	reduced absorption of both
	ciprofloxacin	reduced ciprofloxacin absorption

inflammatory drugs, sulphonylureas and methotrexate.

However, the practical significance of these interactions is limited because, after displacement, a compensatory increase occurs in metabolism and/or excretion.

Care is needed to review short-term dose adjustments where this compensation occurs, eg for warfarin. Care is also needed when interpreting plasma drug levels where total drug (bound + unbound) is measured because, while the total amount of drug may be reduced, the unbound (active) concentration remains the same.

● **Metabolic interactions**

Most drugs are altered chemically to less lipid-soluble compounds for excretion by the kidneys. Some drug metabolism occurs in the serum, kidneys, skin and intestine, but the greatest proportion is carried out by the enzymes found in the membranes of the endoplasmic reticulum of the liver cells. Of the different metabolic pathways, it is Phase 1 oxidation which is usually affected by drug interactions.

Oxidation is undertaken by the 'mixed function' oxidase system which also facilitates hydroxylation (eg phenytoin) de-amination (amphetamines) de-alkylation (azathio-prine, morphine) sulphoxidation (chlorpromazine) and de-sulphuration (thiopentone). Reactions are dependent on NADPH and cytochrome P450 (a group of enzymes).

Enzyme inducers and inhibitors are the most important 'problem' drugs as they commonly result in clinically significant effects.

Drugs which induce drug metabolism increase the amount of endoplasmic reticulum in hepatocytes and increase the content of cytochrome P450 and cytochrome C reductase. The result is an increase in drug metabolism and therefore decreased drug effect. Since the process requires synthesis of new protein, the maximum effect is not seen for 2-3 weeks after starting the enzyme-inducing agent, and similarly the effects may persist for several weeks after stopping.

Interactions involving inhibition of drug metabolism can be specific or general.

Continued on PVIII ►

◀ Continued from PVII

The problem drug may be an inhibitor of 'mixed function' oxidase reactions, resulting in generalised inhibition. Cytochrome P450 is a group of related isoenzymes and inhibition may not affect all drugs. The result of inhibition is an increase in the effect of the 'victim' drug. Enzyme inhibition can occur within 2-3 days of starting the problem drug and toxicity can develop rapidly.

Grapefruit juice can inhibit the metabolism of some drugs, eg calcium antagonist, cyclosporin. It is wise to avoid taking medicines at the same time as grapefruit juice which contains quercetin, kaemferol and navingerin, thought to be the problem constituents.

- **Excretion interactions**

With the exception of inhalation anaesthetics, most drugs are excreted in the bile or urine. Drugs can decrease urinary excretion by:

a change in active kidney tubule excretion – competition for the same active transport system is the mechanism behind the classic beneficial interaction between probenecid and penicillin

b reducing kidney blood flow – renal blood flow is controlled in part by prostaglandins and these are inhibited by non-steroidal anti-inflammatory drugs which can reduce the renal excretion of lithium and methotrexate

c affecting biliary excretion (and the entero-hepatic shunt).

Combined effects are common and often the precise mechanism is unknown. Examples include NSAIDs and thiazides which decrease lithium excretion and amiodarone which decreases digoxin excretion.

Pharmacodynamics

Pharmacodynamic interactions occur commonly in clinical medicine. These interactions are much less easy to classify than those which are pharmacokinetic. They are an extension of both the pharmacological effect(s) of the drug and its adverse effect profile. Three types of pharmacodynamic interactions occur.

- **Additive pharmacological effects**

Combined therapeutic (eg antihypertensives) or toxic (eg sedation, ototoxicity, GI irritation, bone marrow suppression) effects are seen.

- **Antagonistic or opposing effects**

Drugs may compete for receptor binding sites, eg beta-blocker and beta-agonist, or produce less obvious effects, eg vitamin K and warfarin (which inhibits synthesis of vitamin K dependent clotting factors). A beneficial antagonistic effect is used when we treat side-effects or overdosage of opiates with naloxone.

- **Indirect pharmacodynamic interactions**

The effect of one drug alters the therapeutic or toxic effect of the other. Examples include a potassium supplement with an ACE inhibitor (which conserves potassium); beta-adrenoreceptor-blocking drugs given to a diabetic can blunt the sympathetic responses to low blood sugar such as tachycardia.

Risky drugs

The outcome of a potential problem drug combination will depend on the therapeutic and side-effect profile of the 'victim' in the combination. Many of the most effective drugs in clinical practice have a narrow therapeutic ratio. A list of drugs can be compiled which should be recognised in combinations. These drugs have:

- effects on vital body processes (such as blood clotting and respiration), eg warfarin, morphine
- a steep dose-response curve, eg verapamil, levodopa, chlorpropamide
- concentration dependent toxicity, eg digoxin, aminoglycosides, lithium
- a prophylactic effect (where interactions could result in breakthrough), eg oral contraceptives, cyclosporin, anticonvulsants, prednisolone
- a saturable hepatic metabolism eg phenytoin, theophylline

OTC interactions

It is important to remember that risky or problem drugs include those prescribed over the counter, complementary remedies and alcohol (see box on pVII for common OTC interactions that need to be noted).

The pharmacology of alternative remedies should be considered because they may be involved in pharmacodynamic interactions. Herbal preparations may have additive effects, eg sedation (monkshood, skullcap, henbane), hypotension (hawthorn, hellebore, mistletoe, rauwolfia).

Alcohol may be involved in pharmacodynamic drug interactions, due to its sedative effects, gastric irritation or peripheral vasodilation (possibly leading to postural hypotension). It can also precipitate pharmacokinetic interactions. It acts as an enzyme inhibitor in acute administration while chronic use leads to enzyme induction.

In addition, specific drugs can precipitate an 'antabuse' reaction with alcohol. This is due to the inhibition of alcohol dehydrogenase resulting in a rise in the plasma levels of acetaldehyde, eg with chlorpropamide, disulfiram, metronidazole, nimorazole, tinidazole, procarbazine. Symptoms of the reaction include flushing, tachycardia, headache, dizziness, nausea and vomiting.

Vulnerable patients

The clinical state of the patient is important when anticipating the development of a serious adverse interaction. Patients who warrant closer monitoring include: the elderly (often on a number of drugs and have some end-organ failure); the acutely ill (eg severe anaemia, LVF, asthma); patients with unstable disease (eg diabetes, epilepsy); patients in whom drug therapy is vital (eg transplant patients, Addison's disease); and patients with renal or hepatic impairment (including secondary to cardiac failure).

Other circumstances where patients are at risk from interactions are when they are being cared for by multiple prescribers. Those with poor memories or who have a history of poor compliance are also at risk.

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Some enzyme inducers

barbiturates
carbamazepine
ethanol (chronic)
griseofulvin
phenytoin
primidone
rifampicin
sulphinpyrazone

Some enzyme inhibitors

allopurinol
amiodarone
azapropazone
carbidopa benserazide
chloramphenicol
chlorpromazine
cimetidine
clarithomycin
danazol
disulfiram
ethanol (acute)
erythromycin
imidazoles
imipramine
isoniazid
metoprolol
metronidazole
moclobemide
monoamine oxidase inhibitors
nortriptyline
omeprazole
oral contraceptives
oxyphenbutazone
perphenazine
quinidine
quinolones
selective serotonin reuptake inhibitors
sodium valproate
sulphinpyrazone
sulphonamides
thioridazine
*triazoles
*verapamil
(*probably dose-dependent)

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Johnson & Johnson MSD, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the July 13 issue, which will cover this week's modules, together with those in the June 15 issue.

The MCQ paper for the May modules will be enclosed with next week's *C&D*. This will cover:

- Beta-blockers (14)
- Cystitis (15)
- Palliative drugs (16).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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Consumer Pharmaceuticals

Back pain is a significant problem, especially among the working age group. Community services pharmacist and CPPE tutor Jennifer Long looks at NSAIDs and their role in treating this common disability

'Lumbaring' up

Over 60 per cent of adults suffer from back pain each year. Government statistics show that 105 million working days are lost each year because of it.

Where onset is over a period of months, the cause is likely to be inflammatory, metastatic diseases or osteoporosis, and the patient should be referred to the doctor. When it comes on suddenly, after undue exertion, the pharmacist may be able to help.

Although any part of the back may be affected[1-3], many consultations in the pharmacy are for low back pain (lumbago). No single cause has been recognised, but bad lifting techniques, poor posture, pregnancy and obesity have been implicated.

The pain may also be referred due to stress or other conditions. Symptoms vary, being local or diffuse, and may radiate from a single source. Movement is usually limited, with the condition being aggravated by stooping, coughing and turning in bed.

Sciatica presents as a severe pain in the buttocks, thigh and calf spreading to the foot, sometimes with a tingling or warm or burning sensation.

Treatment

Advice is mostly common sense. 'Do what does not hurt', rest and use simple analgesics to treat the acute phase (table 1).

Current thinking says bed rest should be limited to 48 hours, and then the patient should perform as much activity as is tolerable. This will help muscles around the vertebrae retain their strength to support the spine.

In the long-term, adopting a good posture and avoiding lifting awkward weights can help, as may physiotherapy, osteopathy, manipulation and traction.

Prevention is better than cure, so advise patients to change their position regularly. They should not sit or stand in one place for too long, or try to bend and twist at the same time.

Acute pain responds to cold. Ice or a bag of frozen peas wrapped in a cloth, to prevent burns, can be applied for 10-15 minutes. Refer after three days if there is no improvement.

Chronic or muscular pain (eg from gardening) responds to heat. A warm hot-water bottle can be used, or a relaxing hot bath can be effective.

Table 1: summary of common back pains, symptoms and treatment

Position	Name	Symptoms	Treatment
	lumbago	pain	analgesics, short rest, activity
	sciatica	severe pain in buttocks, leg and foot	48 hours bed rest, analgesics
low back			
	prolapsed disc	stiff gait, pain exacerbated by movement	analgesics, refer
	menstrual pain	pain, discomfort	analgesics, mefanamic acid
	constipation	abdominal discomfort	laxatives, dietary advice
middle back	kidney	pain either side of spine, urine discoloration	refer
whole spine	whiplash	may last a couple of years	refer, good posture, neck support, analgesics

NSAIDs

When conditions limit daily activities, analgesics bring relief, even if they do not effect a cure. If the back pain is not responding to rest and simple analgesics, NSAIDs might be a more effective treatment.

With 18 million NSAID prescriptions dispensed annually[4] and the Committee on Safety of Medicine reporting that NSAIDs are responsible for many adverse reactions[5], what does the pharmacist need to consider?

NSAIDs can be classified into six different chemical groups[6]. There seems to be little therapeutic difference, but pharmacokinetics, particularly half-life, and patient variability in response or preference is often the deciding factor in the choice of a product (table 2).

The major adverse reactions of NSAIDs involve gastro-intestinal, renal and platelet effects. Patients with blood disorders or on anti-coagulants should use NSAIDs with caution.

GI tract irritation is commonly seen as dyspepsia and nausea due to the reduction of prostaglandins which protect the gastric mucosa from the acidic environment. In the more serious cases, ulcers can develop with the danger of perforation. Some irritation is always likely, even with occasional use. Patients should be advised to take oral NSAIDs with or after food; or at least a drink of milk or a light snack. Protection can be obtained from antacids, H2 antagonists or misoprostol.

A patient who complains of anaemia or of passing dark stools may be loosing blood and should see a doctor. Gastric symptoms are related to dose and the length of treatment. Newer NSAIDs, such as nabumetone, have reduced gastric side-effects while seeming to be otherwise comparable to other NSAIDs.

Less common side-effects are skin rashes, liver toxicity, blood disorders, allergies, bronchospasm and premature induction of labour in late pregnancy. In addition, a history of allergic reactions, steroid treatment, age over 60 and length of treatment should be taken into account.

Fluid retention and electrolyte imbalance are sometimes seen, and these can result in cardiovascular problems. Check that electrolytes are being monitored, particularly if treatment is long-term or the patient suffers from cramps.

Similarly, care should be taken when the patient is taking diuretics, ACE inhibitors, beta-blockers, lithium and disease modifying drugs such as methotrexate[7]. The elderly, who are the main users of NSAIDs, are at particu-

Continued on P767 ▶

N O W A V A I L A B L E

MILLER FREEMAN'S EUROPEAN HEALTHCARE MARKETS 1996

New from Miller Freeman, an authoritative and comprehensive survey of the large and dynamic European healthcare market. Covering fifteen western European markets in-depth, together with pan-European overviews and statistics on key indicators, Miller Freeman's European Healthcare Markets 1996 will provide an invaluable tool to those already in or seeking to enter European healthcare.

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Table 2: comparison of some oral analgesics

NSAID	Onset of pain relief (hours)	Onset of anti-inflammatory action (weeks)	Duration (hours)
fenbufen	1 to 2	2	5 to 10
ibuprofen	1 to 2	2	5 to 10
indomethacin	2 to 4	4	5 to 10
mefenamic acid	1 to 2	-	up to 6
naproxen	1	2	up to 12
phenylbutazone	2 to 4	-	3 to 4 days
piroxicam	3 to 4	2 to 4	2 days

◀ *Continued from P765*

lar risk, having already reduced metabolic and renal functions.

In osteoarthritis, it is advised that other measures are tried first as, with long-term use, NSAIDs have been suspected of damaging connective tissue and cartilage.

Ibuprofen is considered one of the safest NSAIDs. About 60 per cent of users find that it is satisfactory, and it is therefore a reasonable first choice.

Topical

Topical preparations (table 3) may provide relief from both sprains and strains and can be gently massaged in for short-term treatment.

They may be compounded with rubefacients and local anaesthetics in counter preparations. As they are applied locally, absorption should be low and side-effects minimal. Asthmatics and people with aspirin sensitivity still need to be cautious.

Topical NSAIDs should not be put on sensitive areas or used with occlusive dressings. Care should be taken not to expose treated areas to excessive sunlight. Although efficacy is not yet fully proven, and they tend to be more expensive than the oral equivalent, they are popular with a lot of patients.

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Did you know?

- There were 105 million certified days of sickness absence due to back pain in 1993/4
- The cost to industry in lost production is at least £5 billion annually
- The cost to the NHS is £480m
- The highest incidence of back problems is in construction, agriculture, water, retail and food industries
- Back pain sufferers form the largest illness group in people of working age
- There are 14m GP consultations about back pain annually
- About 60 per cent of adults suffer back problems annually
- Some 30 per cent of adults become chronic sufferers
- In most cases 48 hours of bed rest is better than seven days
- Most strains and injuries to the back occur when repeating previously successful actions

Facts supplied by:
The National Back Pain Association, 16 Elmtree Road, Teddington, Middlesex TW11 8ST. Tel: 0181 977 5474.

Table 3: topical NSAID preparations

Pharmacy medicine		Prescription only medicine	
Drug	Product	Drug	Product
benzdamine	Difflam	diclofenac	Voltarol Emulgel
ibuprofen	Ibuleve, Ibugel, Proflex, Deep Relief, Ibuspray	felbinac	Traxam
salicylate	Movelat, Algipan, Transvasin, Radian B, Algesal, Balmosa	ketoprofen	Oruvail, Powergel
salicylamide	Intralgin	piroxicam	Feldene

From strength to strength?

Ibuprofen GSL is already having an impact. Pharmacy sales dropped 5.6 per cent and grocery ibuprofen sales doubled in the four months to March. What, then, can pharmacists do to protect their OTC painkiller sales?

The fight against the superstores is being waged. They are encroaching on traditional pharmacy lines, including analgesics. "The superstores will outrange and undercut much of what you may refer to as traditional pharmacy business ... to the extent that ... sales of these product ranges are moving over to the grocers at the frightening rate of 4 per cent per annum."

These words of warning came from Barry Andrews, managing director of Moss Chemists, at the Ulster Chemists' Association conference (*C&D* May 18, p698).

Analgesics, in particular, are seeing an abrupt change with the recent P to GSL switch of ibuprofen. Pharmacy has a weapon, however: the strong analgesic.

Pharmacists should use this weapon and take the advantage over competitors. Take the help offered by manufacturers to boost your P medicine lines and specialise in that market.

"The trends are moving along the lines to premium products," says Clive Henderson, category sales manager for analgesics at Smithkline Beecham. SB is supporting its number one brand (and also the top over the counter brand in pharmacies, says the company), with over 50 per cent of its OTC advertising budget. As a result, brand sales have increased by £23 million.

SB is "trying to develop a closer relationship with the pharmacist", he says. "We are not just committed to Solpadeine, but the whole of OTC analgesics."

Most of the SB OTC focus is behind Solpadeine, which, Mr Henderson says, is perceived by the consumer to have a "power association" partly due to advertising but also due to its former prescribing history.

Defining strong analgesics as paracetamol/opiate combinations or 400mg ibuprofen holding P status, Seton Healthcare says these drugs now hold 49 per cent of the total oral analgesic market, with growth of 15 per cent. "This indicates not only that pharmacy has an important contribution to make to pain management, but demonstrates its increasing role in the management of strong analgesics."

Seton is pleased with the success of Paramol, showing sales growth of 24 per cent in the OTC strong analgesics market in the past year (IMS MAT).

Paramol is being supported with a £1m campaign in women's magazines. Seton will issue new shelf display trays and edgers preceding the launch of new packaging in the summer.

Anadin from Whitehall Laboratories is the nation's top-selling analgesic with a 17.1 total market share, and a pharmacy share of 7.7 per cent (Infoscan).

Selling 25 million packets annually, Anadin's £340m turnover reflects the wide range of

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Proflex, even though GSL, will stay in the pharmacy

Anadin: best known product

Solpadeine: "power association"

◀ *Continued from P767*

brand products. It is worth remembering that Anadin is the best known oral analgesic in the UK, with nine out of ten people aware of it.

Maximum strength Anadin capsules remain a Pharmacy only line, but Whitehall has yet to launch a version containing ibuprofen.

Veganin remains a Pharmacy only product, which Warner Wellcome says should help to build pharmacy business. Veganin is benefiting doubly from the trend towards stronger formulations and combination brands.

Nurofen has remained innovative with last year's launch of Nurofen Plus and Micro-granules. Nurofen Plus has achieved a 5 per cent share of the combination analgesics market in its first year, says Crookes Healthcare.

The brand is benefiting from an "unrivalled £13.5m marketing support programme" which accounted for "28.4 per cent of the total advertising spend in 1995 within the analgesic sector", adds Crookes.

In response to the increasing numbers of consumers seeking advice on pain, Crookes is continually updating its educational initiatives. The Nurofen advisory service has produced a series of six leaflets and a 24-hour helpline is offered for consumers.

The pharmacy assistant training helpline has also been extended to add the topic of dental pain to the headache and migraine lines.

While OTC analgesics purchases have remained largely static in volume terms, Warner Wellcome says expansion in the market has come about by consumers trading-up to brands perceived as having higher value, such as Veganin.

Another of the strong analgesics the public may associate with a prescribing history is Paracodol from Roche Consumer Health.

RCH says almost a third of consumers look to the pharmacist for advice on treating pain (Martin Hamblin Omnibus, March, 1995) and it will be putting a "substantial amount behind pharmacy support" in 1996.

A strong analgesic with a specific market is Feminax. The presence of hyoscine and caffeine adds to the triple action promoted by RCH: relief from pain, menstrual cramps and tiredness associated with the monthly menstrual cycle.

Each year, 350,000 young women start menstruating, and over three-quarters of women suffering from period pains rely on analgesics to relieve symptoms, says RCH. Its survey, Feminax File, found that 30 per cent of letters sent to 'problem pages' came from nine to 18-year-olds, with the biggest worry being period pains.

The Feminax Information Bureau has recently been set up to provide a 24-hour helpline and offers callers two information leaflets. "The helpline and leaflets will position Feminax as the expert, attracting teenagers who are experiencing periods for the first time, right through to older women who suffer each month," says Feminax brand manager Philippa Bicknell.

Over 19m people suffer from tension headaches, more than half of whom suffer at least once a fortnight, a Gallup survey for Marion Merrell found.

The doxylamine contained in Syndol, in addition to paracetamol and codeine, is said by Marion Merrell to break 'the vicious cycle' of stress causing neck muscle stiffness, causing headache, causing more stress. Syndol has sponsored a free consumer booklet, 'Conquering stress'. MM has also produced a pharmacy assistants training pack on the subject.

Another aspirin product muscling in on the strong analgesic action is maximum strength Aspro Clear. But Aspro Clear is not just benefiting from the general growth in the analgesic market. "In the wake of recent research results, the positive health benefits of aspirin have carried a high profile in the press, resulting in increased consumer awareness," explains Nigel Conquest, Aspro Clear product manager at RCH. "Aspirin brands such as maximum strength Aspro Clear will play their part in the future growth of the market."

Nurofen: remains innovative

Aspro Clear: muscling in

Veganin: building business

Blowing hot and cold

The topical analgesic market presents very positive news to the pharmacist.

So says Tricia Pedlar, marketing manager for Crookes' PR Freeze and PR Heat Sprays. "In the future, the market is expected to have significant growth," she says, adding that the pharmacy share is also expected to increase over time, which is quite rare among over the counter products.

Figures from Nielsen suggest the total topical analgesic market was worth £34.4 million to the end of 1995, equal to a 24 per cent increase over 1994. It is thought that 1996 will also have fast growth, with a prediction of an over 20 per cent increase. The pharmacy market alone is worth £23.3m, an increase of 29 per cent over the same period.

The hot/cold market is moving out of the pharmacy towards the grocery trade as focus on topical non-steroidal anti-inflammatory drugs is increased. However, Ms Pedlar reminds pharmacists that not everyone wants an NSAID, and not everyone believes that NSAIDs are beneficial.

This can be put down to sensation. The consumer is used to (and expects) topical treatments to either cool or warm the skin. NSAID preparations do neither (nor do they smell to the same extent), and it is the hot/cold effect that is the reason a consumer will buy a product.

More specifically, sprays can have the advantage when the pain is in a hard to reach place such as the mid-back. Those less supple or those who have no one to rub in the cream appreciate the spray.

In terms of market share of freeze sprays, PR Freeze claims 74 per cent of the pharmacy sector. When asked about new products, such as PR gels or an ibuprofen spray, Ms Pedlar will not be drawn, saying that the consumer already has a wide choice.

Syndol: breaking the vicious cycle

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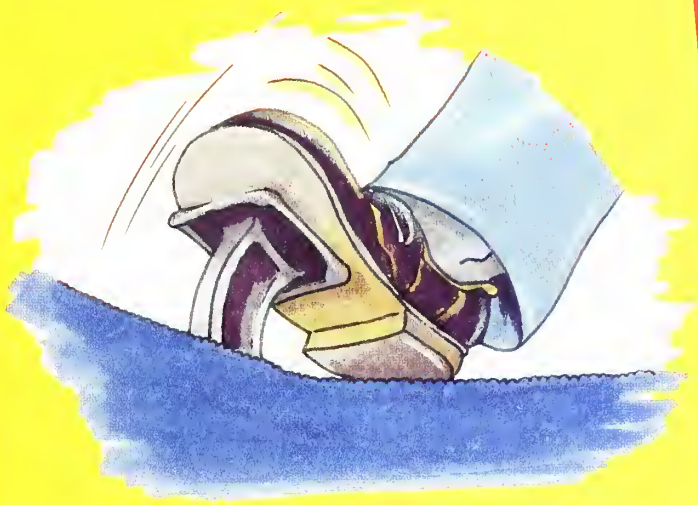

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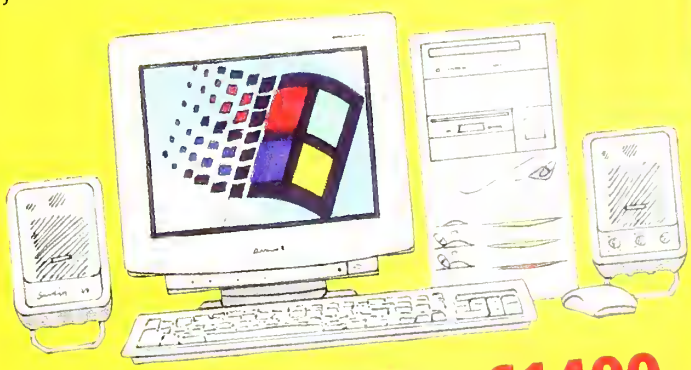

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Rub it better

Topical NSAIDs are seen as an area of growth by many manufacturers at the moment, and several are planning increased support for their brands in the coming year.

Proflex

Zyma has succeeded in obtaining the first GSL status for a topical NSAID – Proflex cream.

Proflex Pain Relief was the first OTC cream containing 5 per cent ibuprofen. The company intends to keep it as a Pharmacy only line, following its policy of supporting the profession.

"We will be positioning Proflex Pain Relief and Proflex tablets near the rubifacients on GSL display, and we will be highlighting the benefits of both these products in a new campaign," says Jane Lowrie, brand manager at Zyma.

The company is sticking with the cream formulation, saying: "Research carried out one year after the launch showed that of nearly 7,000 sufferers over 40 per cent preferred a cream."

Ibuleve

Ibuleve will remain a Pharmacy only medicine in acknowledgement of the pharmacist's role as an expert adviser, says Dendron.

Ibuleve Gel was the first NSAID gel to be made available OTC in 1991. Five years later, it has a sterling brand share of 27 per cent in the topical analgesic market, according to Infoscan.

To maintain that position, Dendron is putting £3.5 million of promotional activity behind the brand in 1996. This includes the current two-month television advertising campaign.

A feature that contributes to Ibuleve's success is the unique 'Ibulever' squeezer key on the 50g gel pack and spray.

"It is vital to keep the Ibuleve brand one step ahead of the rest. Our national advertising campaign will continue to raise awareness and help us strengthen our hold as the number one brand," says Rachel Dark, senior brand manager for Dendron.

Ibuleve: staying as a Pharmacy only medicine

Mentholatum

Although the name suggests the traditional rubifacient, the Mentholatum Company is a player in the topical NSAID market with Deep Relief Ibuprofen Gel.

The company says that Deep Relief has shown significant growth over the past year, while some other leading brands have declined. Mentholatum will be spending £1.2m promoting the product this year.

Deep Relief's selling point is the incorporation of menthol into the gel to provide a cooling effect. And, according to director of trade marketing Mike Corzberg, "In terms of cost, Deep Relief is the best value ibuprofen gel or cream on the market, gramme for gramme."

The more traditional Mentholatum, Deep Freeze Cold Gel and Spray, and Deep Heat are still popular. It seems that almost half of the 61 per cent of people aged 45 or more who use warming topical analgesics claim to use Deep Heat regularly, according to Parker Tanner research.

Deep Relief: significant growth

Overall, Mentholatum's products are leaders in the topical analgesic pharmacy sector, accounting for 16.7 per cent of volume and 14.3 per cent of value (IRI Infoscan).

Radian B

The growth of consumer interest in complementary medicine has prompted Roche Consumer Healthcare to launch Radian-B Aromatherapy Bath.

RCH plans to spend £1.9m promoting the new product.

Radian-B claims prime position among the traditional rubefacient topical analgesics, with a 15.9 per cent share growing at 11.5 per cent (IRI Infoscan).

Ralgex/Transvasin

Seton sees the topical analgesic market as very dynamic at the moment. Usage is up due to increased sporting activities, an expanding older population, an growth in self-medication and greater consumer awareness.

The company believes growth in NSAIDs is losing momentum, while the traditional market moves forward, with interest in the mineral bath sector.

Hence, Ralgex, which was recently acquired by Seton, is seen as a key player. Ralgex is the leading heat spray, and joins Transvasin in the same portfolio.

Seton is planning a major investment in its new brand, with an above and below the line spend.

Oruvail

Another company keen to support the sales of medicines from pharmacies is Rhone-Poulenc Rorer, manufacturer of Oruvail Gel.

RPR says research shows that 98 per cent of respondents who had used the gel found it effective and said they would buy it again.

The company says that Oruvail gel, which maintains its number two position in the NSAID segment, also compares favourably with piroxicam and diclofenac gels.

The Radian B range

Ralgex, recently acquired

Transvasin Heat Rub

Natural remedies

Modern pain therapy started in 1763 with the discovery of the usefulness of extract of willow bark in treating pain. It led to the development of aspirin and NSAIDs. But public attitude towards synthetic allopathic medicines and their insistence that 'natural means best', as well as safest, suggests pharmacists should consider stocking a wider selection of natural products.

Gerard House has introduced Reumalex, for rheumatic conditions. It contains white willow bark, as well as black cohosh, sarsparilla and poplar bark.

Its product licence indications include fibrositis, lumbago, backache and joint stiffness, and the manufacturer says that the product is also undergoing a double-blind clinical trial.

Gerard House says it developed the product to "satisfy a growing interest in natural plant-based treatments, preventative medicines, and the practice of self-medication for self-limiting conditions".

Concern about the possible harmful side-effects of powerful chemical painkillers has focused attention on safe natural alternatives, says Potters, which offers Anased.

Describing it as a traditional herbal remedy for minor aches and pains, it is fully licensed by the Department of Health as "pure, safe and efficacious", says the company.

The two mildly analgesic herbs in Anased, piscidia erythrina (Jamaica dogwood) and lactuca (wild lettuce), have been used by consulting herbalists to dull persistent aches, including toothache.

Another ingredient, pulsatilla (pasque flower) is also considered analgesic and has a sedative action. Humulus lapulus (hops) and passiflora (passion flower) are also included "to contribute to relaxation from stresses and strains, and helping to alleviate the minor headaches associated with overwork, driving and other pressures".

Reumalex: harking back to bark

More than just a splitting headache

Migraineurs not only suffer from debilitating pain but also have to put up with a lack of understanding from non-sufferers. Seen as shirkers taking a day or more off work for a 'simple' headache, the misery of migraine elicits little or no compassion.

For this reason, many migraineurs stick to strong analgesics, and resist specific migraine products, says Dr Malcolm Philips, marketing director of Pfizer Consumer Healthcare, as they would have to admit having the illness. It is the role of the pharmacist to try to help those who see their illness as a stigma.

In the market place, migraine treatments have to compete against the likes of Nurofen, Solpadeine and Syndol.

However, when a migraineur has tried a specific treatment, there is also a high degree of brand loyalty, says Dr Philips. In the pharmacy, while trained pharmacy assistants will discuss most ailment groups, "it is most likely to be the pharmacist who will discuss head pain symptoms".

There is a tendency for pharmacists to be over-cautious when recommending for migraine: "Unless the full collection of classic symptoms is presented the pharmacist tends to refer, when potentially they are self-treatable," he says.

Migraleve has been repackaged

Migraleve

The repackaging of Migraleve last autumn has been welcomed by consumers and GPs, says Dr Malcolm Philips.

Pharmacists, already aware of the three sub-brands of Migraleve, gave the 'thumbs up' to the clarification with the names Migraleve 1, Migraleve 2 and Migraleve Duo.

Dr Philips says that the brand saw a 1 per cent increase in the total analgesic market share by value in the first eight weeks of the year, with a year on year increase over the same period of 3 per cent (Infoscan).

He says that although Migraleve competes, it does not show seasonal trends, unlike other analgesics, which can be boosted by flu and colds. However, this can have its drawbacks, shown by the fall in the new year of the total analgesic market. He explains this as customers using up the painkillers they bought in excess to cope with their winter colds before Christmas.

However, by now sales should have returned to normal.

Femigraine

Femigraine, from Roche Consumer Health, claims to be the only feminine pain reliever formulated to treat headache and migraine, and is the only soluble pain reliever specifically made for migraine.

The feminine angle is chosen because three-quarters of migraine sufferers in the UK are female, about four million women in total.

Containing aspirin and cyclizine, it is also suitable for sufferers over the age of 12.

Seton, manufacturer of Cuprofen, has decided against launching the product in a GSL pack

Ibuprofen: kill or cure?

The change of status of ibuprofen to GSL has already had a knock-on effect on pharmacy sales. Has safety been compromised?

The introduction of GSL ibuprofen raised more than a few eyebrows. Sales of this 'safe' analgesic have risen significantly in grocery outlets, with ibuprofen now accounting for 7.4 per cent of oral analgesics bought there. In contrast, as ibuprofen grocery sales rise, pharmacy sales have dropped by 5.6 per cent (IRI Infoscan).

Safety is perceived as being comparable to, if not better than, paracetamol or aspirin. The *British National Formulary* says this about ibuprofen poisoning: "Ibuprofen may cause nausea, vomiting and tinnitus, but more serious toxicity is very uncommon."

However, despite these safety assurances, ibuprofen is not suitable for everyone, and some people will ignore all warnings on the package, believes Colette McCreedy of the National Pharmaceutical Association.

"The move has obviously focused pharmacists' minds on the contra-indications," she says. "We are hearing anecdotal evidence, however, that pharmacists who refuse a sale on grounds of unsuitability are told by the patient that they 'are going to buy it anyway at the supermarket'."

The Consumers' Association reports about unsupervised sales in pharmacies add strength to the grocers' claim that the profession's concern is a case of protectionism – of the pharmacist's revenue and not necessarily the patient. Consequently, grocers believe that a supermarket is as good a place as any to sell a medicine.

However, the view of the profession and the Royal Pharmaceutical Society is that medicines should be sold or supplied from a pharmacy by, or under the supervision of, a pharmacist.

Secretary and registrar of the Society John Ferguson questions whether a supermarket or garage forecourt is able to offer any advice about possible unwanted effects or interactions with other medicines.

Monitoring needed

"When [deregulation] moves of this sort are made, there should be monitoring," says Nick Edwards of the Information Services Poisons Unit at New Cross, south London.

It is not easy to record the source, whether POM, P or GSL, in poisoning cases and the staggered product launches mean a sudden effect has been difficult to verify. There has, however, been an increase in the number of calls to the Unit about ibuprofen, he says.

Surprisingly, Mr Edwards is in favour, in principle, of ibuprofen's deregulation. By making it easier to obtain ibuprofen, he says, "It takes sales away from paracetamol and aspirin. From a poisoning perspective, that is much better." But he adds that the effects of chronic ibuprofen usage also have to be considered.

And, in this not ideal world, manufacturers have to consider profit as well as safety.

"The decision to pursue a GSL application for Nurofen was taken only after careful evaluation of the effect that such a move would have on our core pharmacy business," says Crookes' director of marketing, Alan Ransome.

Smithkline Beecham recently launched a GSL pack of ibuprofen in its Hedex range. Clive Henderson, category sector manager for analgesics at the company, says that, besides SB's successful pharmacy products, there is a need to fund the GSL market. "If Hedex ibuprofen proves a success, we may consider introducing pharmacy packs."

Not all companies agree with the introduction of GSL ibuprofen. Vantage ibuprofen and Proflex will both stay as Pharmacy only items.

Seton, manufacturer of Cuprofen, has not introduced a GSL pack. It admits that there is a battle for market share, but says there is a noticeable trend in sales from 200mg to 400mg ibuprofen, reflecting the overall market trend towards sales of stronger analgesics.

Whether safety has been compromised has yet to be seen. But if a trend of deregulation to GSL status is to follow, how long will it be before a garage minimart is sued for not spotting that fatal interaction?

Hedex has gone GSL

Employee theft – an 'insidious crime'

A checklist on employee theft has been drawn up by Frank Pegg, vice chairman of Volumatic.

Mr Pegg describes it as one of the most insidious of all crimes and says that it is a betrayal of trust and of fellow employees.

Included in the advice in his checklist is the following:

- take time to carry out an in-depth interview of potential staff and talk to them about security and how important it is to your organisation
- get staff involved in security
- a caring employer will have less problems with employee crime
- do not take honesty as standard, particularly for long-serving employees
- watch out for staff who try to be totally trusted and can therefore operate without supervision
- staff who steal may often be dishonest in others ways, such as taking sick leave when not sick
- set realistic security rules and enforce them rigidly
- have clear lines of responsibility and authority
- there should be a search clause in terms and conditions of employment, providing the option for staff to be searched when they leave the premises
- there must be an understanding that employee thieves will be prosecuted.

Plastic card spending in pharmacy continues to rise

Use of credit and debit cards in pharmacies in the first quarter of 1996 rose by 22 per cent, while supermarkets and grocery stores recorded a 21 per cent rise, according to Barclays Merchant Services.

Tony Slater, the company's sales and marketing director, says the increasing use of plastic "gives retailers the opportunity to trade-up sales and let customers spend above the usual £50 cheque guarantee limit.

"If this growth continues, there can be no doubt that customers are regaining their confidence and returning back to the High Street," he adds.

The number of purchases with a debit card again outstripped those made with a credit card. During the first quarter of 1996, more than 272 million transactions were made with debit cards in shops, stores and businesses around Britain compared with nearly 220 million made with credit cards, almost 25 per cent more than in the same period in 1995.

SB ranks third in world OTC sales

Smithkline Beecham Consumer Health is rated as the world's third-largest manufacturer of OTC products, following AHP and Johnson & Johnson, according to Datamonitor in the latest of its Counter Intelligence Service reports.

The profile records an SB/Sterling Health OTC business turnover of $1.76 billion in 1995 and that the non-steroidal anti-inflammatory Relifex (nabumetone) is the most significant product in the company's pipeline for switching medicines from Prescription only to OTC status.

Although the $413 million a year product enjoys patent exclusivity for rheumatoid arthritis past the year 2000, prices may be under pressure as more generic versions of similar products come into the market place.

Margins on the consumer healthcare business were 16 per cent in 1995. The company is therefore likely to reach its self-imposed target of a 20 per cent margin in this sector by the end of 1997.

Datamonitor believes the fundamentals of SB's business to be strong enough to ride out short-term financial problems. Attention in the investment community has focused on its negative cash-flow, and a long-term debt has increased to $3bn. A provision for restructuring was also set aside at the end of 1995. The report suggests that the company is set for continuing restructuring as management attempts to cut down on the duplication of resources.

Datamonitor. Tel: 0171 625 8548.

BTG makes first year progress

Preliminary results for BTG, the intellectual property rights concern, for the first year of trading to March 31 following flotation show a turnover of $20.75 million and a loss before tax of $2.7m. The company comments that the figures are in line with expectations and reflect the anticipated end of revenues from pyrethrin patents.

The maiden dividend is 4p per share, payable in August.

During the year, BTG acquired 104 inventions across all areas of its business. The licence portfolio is also developing, with 52 new licences completed in the year. The company comments: "Overall the portfolio is sound, spread across a wide range of technology areas and in varying stages of development with licences diversified by geography and business sector."

In the field of biosciences, there were five product launches by BTG's licensees: Tomudex, Torvac and Paradote in the UK, and the prostaglandin E2 pessary Cervidil and Zinecard in the US.

Antibiotics set to grow and grow

The rise in respiratory infections and the selective usage of premium-priced products is set to fuel growth in the antibiotics market, says a new report.

Increasing life expectancy will be accompanied by more episodes of infections among the elderly, says the report 'The European market for antibiotics' to be published by Frost & Sullivan marketing consultancy in mid-July.

Broad-spectrum penicillins, macrolides, tetracyclines, and some cephalosporins and quinolones are expected to benefit most from the trend. The market is expected to grow from a 1995 value of $5,144 million to $7,070m by 2001.

The report says that there is a trend to use the older broad-spectrum antibiotics as standard treatment for common infections, with the newer more expensive broad-spectrum agents for second-line use.

The report sees positive annual growth rates for all the leading antibiotic categories, except the aminoglycosides, which are "almost everywhere in slow decline".

The leading antibiotic brand in 1994/5 was Bayer's Ciproxin (ciprofloxacin), followed by Smithkline Beecham's Augmentin (co-amoxiclav) and Roche's Rocephin (ceftriaxone), says the report. The cephalosporins dominate the market and are valued at $1,482m in 1994/5, followed by broad-spectrum penicillins ($1,085m) and macrolides ($811m).

For further details of the report, priced at $3,800, contact Kristina Menzefricke at Frost & Sullivan by telephoning 0171 915 7824.

The KeyPOS system from Omron is claimed to build flexibility into EPoS solutions. In the first of a suite of advanced systems built round open architecture, the notebook technology integrates a PC with a liquid-resistant and dust-proof keyboard. It builds in network, magnetic card reader and scanner ports as standard

Drugs industry fillip from strengthening of patents

Stricter patent controls offer the pharmaceutical industry "enormous" potential in the developing world, after a five- to ten-year transition period, argues a *Financial Times* report.

The industry currently makes 80 per cent of its profits in the developed world and the report says: "Despite the present wave of mergers and acquisitions, the pharmaceutical industry is in a very strong position for the future. Recent reforms will provide the industry with short-term growth in its existing markets, and longer-term growth in the key emerging markets of Asia, South America and the Pacific Rim."

Until the finalisation of the seventh round of the General Agreement on Tariffs and Trade (Gatt) in 1993, global patent legislation was a patchwork of agreements, treaties and conventions. Gatt provisions are broadly in line with current patent laws in Europe and the US, and much stricter than those in force in most of the developing world.

The reports sets out how patents shape the pharmaceutical product lifecycle, examines patent protections around the world and forecasts the financial effects of Gatt. It also focuses on strategies to negate the effect of patent expiry and the patenting of biotechnological interventions and novel medical procedures to treat the human body, some of which have the potential to decimate whole areas of the industry.

'Gatt and patent reform: protection and the implications for the pharmaceutical industry', *FT* Pharmaceuticals & Healthcare Publishing, $320. Tel: 0171 896 2209.

Retail sales pick up

In the early months of 1996, consumer spending grew at its quickest rate for more than two years, but this was driven more by spending on services than goods, figures from the Office of National Statistics indicate. UK manufacturers' order books are, however, at their weakest state since the end of 1993.

After accounting for inflation, consumer spending grew by a seasonally adjusted figure of 0.8 per cent in the first quarter of the year – the highest figure for nine quarters.

In February to April, the volume of retail sales was 0.7 per cent higher than in the previous three months and 2.2 per cent higher than in the same period a year earlier.

Cambrio Group heads for full flotation

The Cambrio Group, based in Cambridge, will be floated on the London Stock Exchange in the near future with the aim of raising some $12 million. Launched in London recently, the holding company "has deliberately been structured to break the conventional pharmaceutical mould".

Brainchild of Dr Nowell Stebbing, who steered Chiroscience through its public flotation in 1994, the group is poised to make acquisitions and alliances. It wants to fast track new drugs to market, as well as scan existing drugs to assess their potential for alternative uses. The aim, according to Dr Stebbing, as chairman of Cambrio, is to nurture scientific potential without losing sight of either market relevance or profit potential.

The acquisition of Penn Pharmaceuticals will permit the full flotation of the group.

The group's other two founders are Richard Onyett, as chief executive, with prior experience in ICI Pharmaceuticals and Smithkline Beecham, and Philip Price, who joins from Xenova Group. He was previously with Arthur Anderson and Black & Decker. The three founders raised over $450,000 to support the concept initially.

Roger Jones, managing director and chairman of Penn Pharmaceuticals, joins the board of Cambrio.

The group's first acquisition was Rio Pharmaceuticals last year by way of a share transfer.

ADVANCE INFORMATION

'The future of primary healthcare' conference will take place on **June 11** at the New Connaught Rooms, London. The day will look at the practicalities of policies aimed at the creation of a primary care-led NHS and the implications for both commissioners and providers. Speakers will include the health secretary, Stephen Dorrell; Philip Green of the RPSGB; and Professor David Taylor of the School of Pharmacy, University of London. The conference is hosted by the Social Market Foundation. Contact Samantha Dixon on 0171 222 1280.

Verdict Research is holding two seminars on 'Convenience retailing' on **June 4** in London, and on **June 6** in Manchester. Further details from Richard Hyman or Clive Vaughan, tel: 0171 404 5042.

King's College Pharmacy Practice Group is holding an open day on **June 5** at 2.00pm for a postgraduate diploma/MSc in Community Pharmacy in the Gavin Room, Department of Pharmacy, King's College London, Manresa Road, London SW3 6LX. Details from Claire Anderson, tel: 0171 333 4838.

BIRA meetings are to be held on **June 19** at the BIRA & ESRA Business Centre, 7 Heron Quays, Marsh Wall, London E14, 'Devices that deliver drugs: a workshop'; and on June 21 at the Marlborough Hotel, London WC2, 'Mutual recognition: experiences to date'. Further information can be obtained from BIRA, tel: 0171 538 9502.

Industrial Pharmacists Group is holding a workshop discussion on 'Achieving cost-effective manufacture' on **June 20** at the RPSGB, 1 Lambeth High Street, London SE1. Details from Dr J A Clements, tel: 0171 735 9141 ext 287.

The College of Pharmacy Practice is holding a study day, 'Tackling drugs together', on **June 26** at the Hatherley Manor Hotel, Gloucester. Contact Sue Elfring on 01203 692400.

Society for Medicines Research will be holding a meeting, entitled 'Cancer therapy: the way forward', on **July 11**, at the Charing Cross & Westminster Medical School, London W6. Further details on 0171 581 8333.

Disease management attack

A leading doctor is reported to have said that the NHS would be behaving like "a turkey voting for Christmas" and opting for its own privatisation if it entered into disease management schemes with the pharmaceutical industry. Dr Harry Burns, director of public health for the Greater Glasgow Health Board, said the move raised ethical issues and would have profound implications for the NHS.

Case adjourned

The High Court proceedings against Lloyds Chemists' subsidiaries, Farillon and Barclay Pharmaceuticals (Atherstone), have been brought by Pradip Patni and not as stated in *C&D* May 18, p701. The case has now been adjourned until after June 10. The discovery violations which led to the adjournment were on the part of the defendants who have been asked to "explain the reasons for the earlier errors and the reasons for late discovery of documents". The defendants were ordered to pay Mr Patni's resulting costs.

March retail sales

Retail sales of pharmaceutical, medical, cosmetic and toilet goods (excluding NHS receipts) were 4 per cent higher in March, 1996, compared to March, 1995, according to the Office for National Statistics. Large retailers (with turnovers exceeding £4.5 million) increased their sales for such goods by 10 per cent in the month.

Astra listed in NY

Astra stock became listed on the New York Stock Exchange on May 23. About a quarter of Astra shares are estimated to have been in American ownership prior to the formal registration.

Wheaton acquisition

Acquisition of Wheaton, the US-based glass and packaging company, has been completed by Alusuisse-Lonza Holding of Zurich, Switzerland. The total purchase consideration will be in excess of $400 million, inclusive of debts. Together with Wheaton, A-L's worldwide packaging activities (Lawson Mardon Packaging) is expected to employ 17,000 people and generate annual sales of Sfr3.5 billion.

US plant patent

Advanced Phytonics, of Leeming, North Yorkshire, has been granted a US patent for its phytonics process.

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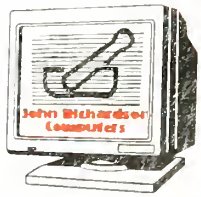

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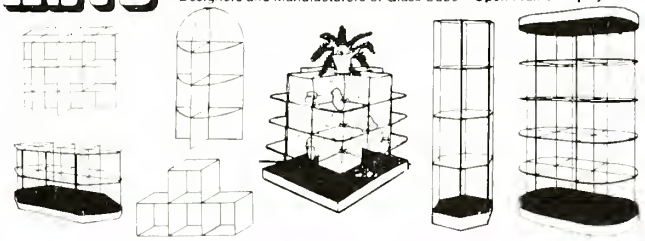

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ABOUTpeople

Pharmacy Plus party

A boat trip and a dinner dance helped attract over 50 delegates to the second annual Pharmacy Plus conference last month.

Guests (pictured below) from as far afield as Belfast, Edinburgh and Dublin, including representatives from the Young Pharmacists' Group and the British Pharmaceutical Students' Association, attended the meeting in Bristol over the May Day bank holiday.

Vigorous debate (yes, there was some) included discussions on distribution of Prescription only medicines, responding to symptoms and health promotion.

However, chairman Joel Hirst says that the day was meant to be informal, and targeted "young pharmacists who do not normally go to conferences".

● The Pharmacy Plus annual general meeting will be held over two days in August. Further details are available from Daniel Greer, c/o Pharmacy Plus, Arch House, Victoria Square, Bristol BS8 4AA. Tel: 0117 985 3388.

Lucky pharmacist Richard Whitehouse is off to see the sights of Rome after winning a Brolene competition. Mr Whitehouse, of the Street Pharmacy, Street, Somerset, correctly identified common eye conditions and completed a tie breaker. He was presented with tickets for the four-day trip for two to Rome by Rhone-Poulenc Rorer/Fisons' territory representative Claire Williams (left)

Hocus pocus and abracadabra

Unicorn horns and mesmerism are included in a new exhibition, 'Abracadabra: the magic of medicine', which explores the history of medicine and magic, and how the two became intertwined, from the Middle Ages to the present day.

Healers, the effects of science and religion on magical medicine, folk remedies and the interest in 'new age' aids, such as crystals and charms, are discussed at the Wellcome Institute exhibition. It features exhibits from the British Museum, the Museum of Mankind, the Horniman and the Cuming Museums, as well as its own collection.

The exhibition runs from June 21 to October 26 at the Wellcome Institute for the History of Medicine, 183 Euston Road, London NW1 2BE. Tel: 0171 611 8888.

And the lucky prize winner is ...

Pharmacist Millicent Rodrigues has won the April *Chemist & Druggist* Pharmacy Action Pack prize.

The owner of North Road Pharmacy in Cardiff, Ms Rodrigues correctly identified three companies from their advertising slogans to complete the April competition.

"I never win anything, but I will be entering everything now my luck has changed," she says. Ms Rodrigues has yet to decide on where to go with her £150 travel vouchers.

Look out for the June Pharmacy Action Pack, which will be dropping through your store's letter box in the next few days.

Powells Pharmacy in Smallfield, Surrey, was the winner of Unichem's 'Father of the Bride II' competition. For making the best use of the company's promotional display material, owner James Powell (right) collected a Yashica Zoomate 200mm camera as the prize for the best window and shelf edge display. Martin McNeil, an account development manager for Unichem, is pictured presenting the prize

Hungarian pharmacists visit Surrey

Surrey pharmacists have played host to 16 of their Hungarian counterparts in Britain on a fact-finding mission (below).

Independent pharmacies in Guildford and Farnham, and Boots the Chemists in Kingston answered the questions of Central European pharmacists on their five-day trip in mid-May, which included a half-day at Eli Lilly in Basingstoke, Hampshire.

The tour, organised by Plus One International and Hungarian enterprise agencies, allowed the visitors to find out more about running a pharmacy. They were particularly concerned about "business management and the changes that will occur in a competitive environment", says PO1 partner Andrew Brown.

The denationalisation of Hungarian pharmacies began only about six months ago, and, although pharmacists undergo nine years' training before receiving their diploma, they only earn between $300 and $500 per month, he adds.

The 1996 NPA Challenge Cup, organised in conjunction with Pharmacy Today and Chemist & Druggist, will take place at the Aldenham Golf and Country Club, just off the M25/M1, on Tuesday, June 11th.

The 1996 NPA Challenge Cup

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The full day's golf and hospitality will start when players arrive and enjoy coffee and biscuits and pick up their score cards, before teeing off for the morning team competition over 9 holes.

Following lunch the individual competition will begin. This Stableford rules competition will be played over 18 holes and incorporates integral competitions, plus other individual prizes.

After the day's golf, players will be able to relax over a drink before the evening three course dinner, speeches and prize giving ceremony, where the overall winner will claim the handsome 'NPA Challenge Cup'.

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urea hydrogen peroxide

CLINICALLY PROVEN TO DISPERSE EAR WAX AND REDUCE THE NEED FOR SYRINGING

OTEX Registered Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 7JJ. **Active Ingredient:** 5.0% w/w Urea hydrogen peroxide. **Directions:** Tilt head, and gently squeeze 5 drops into ear. Leave for a few minutes and then wipe surplus with tissue. Repeat once or twice daily for approximately 3-4 days or until symptoms clear. **Indications:** For the removal of hardened ear wax. **Precautions:** Do not use if sensitive to ingredients, if ear drum is damaged, if there is any other ear disorder (such as inflammation), or if any other preparation is being used in the ear. If in doubt, or if there is a history of ear problems, seek medical advice before use. Keep away from eyes. If irritation or pain occurs during use, or if symptoms persist, stop treatment and consult your doctor. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY. **Legal category:** P **Packs:** Bottles of 8 ml (PL 0173/0151), price £3.49 1/96

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